



September 3, 2013

Federal Election Commission
Office of the General Counsel
999 E Street, N.W.
Washington, D.C. 20463

140444623888
FEDERAL ELECTION COMMISSION
OFFICE OF THE GENERAL COUNSEL
2013 SEP 10 AM 10:37

RE: MUR 6750

To whom it may concern:

I serve as the Treasurer of "Reform San Diego" (hereinafter referred to as "RSD.") On August 16, 2013, Guillermo Cabrera announced to local media outlets in San Diego that he was filing a complaint with your agency against Congressional Candidate Carl DeMaio regarding the use of funds raised by RSD.

In an article published August 17, 2013, the UT San Diego identified Mr. Cabrera as a supporter of Rep. Scott Peters, who is currently running against Mr. DeMaio, and acknowledged that he filed his complaint after consultation with Mr. Peters. How Mr. Cabrera views his own complaint may be of interest to the FEC when reviewing this matter.¹

Pursuant to your correspondence dated August 27, 2013, we provide the following information for your consideration – and request you dismiss this matter.

ABOUT REFORM SAN DIEGO

As it has been since its inception in May of 2004, RSD is a ballot measure committee registered with the Clerk of the City of San Diego. Carl DeMaio has served as the controlling officer of RSD since its creation.²

RSD has a lengthy history of conducting polling and research for the purpose of developing ballot measures in the City; making expenditures to collect signatures to qualify ballot measures for a public vote; and making expenditures for and against ballot measures during city elections.³

¹ See UT San Diego: <http://www.utsandiego.com/news/2013/aug/16/peters-supporter-questions-demaio-spending>

² Upon being elected to the City Council in 2008, RSD changed its name to include "Carl DeMaio" in its title – as required by state law. In March 2013, RSD dropped "Carl DeMaio" from its name as DeMaio left the City Council in December, 2012.

14044302889

After spending the weekend consulting with his partner and family, Carl DeMaio made his decision to run for Congress on Memorial Day, May 27, 2013. DeMaio announced his decision on May 30, 2013 and did not reach the threshold for becoming a federal candidate until May 31, 2013.

RESPONSES TO CABRERA ALLEGATIONS

Without any evidence, and solely on the basis of conjecture, Mr. Cabrera makes several accusations in his complaint. Below are my responses to each.

ALLEGATION 1: *"A review of public reports filed in 2012 by Reforming City Hall with Carl DeMaio shows the committee did not normally incur these kinds of expenses, even in a year when it actively campaigned in connection with two separate ballot questions."*

FACTS: The facts clearly demonstrate that RSD's expenditures in 2013 are very similar to the expenditures made by RSD during the proper period of comparison in 2011 – where both time periods capture expenditures made during the "formulation phase" of researching, polling and crafting ballot measures for the upcoming election cycle.

In his complaint, Mr. Cabrera uses only one disclosure report from 2012 and omits expenditures made in three other pertinent disclosure reports that provide the more appropriate basis for comparison of RSD's activities.

Developing a successful ballot measure begins far in advance of the actual election season – as most ballot measures must be drafted and properly vetted by policy, financial and legal experts. Polling must be conducted to ensure viability of the ballot measure, and for use in attracting financial support from donors. Finally, most citizen-generated ballot measures require the collection of signatures to qualify the measure for the ballot.

Mr. Cabrera's use of disclosures of the first half of 2012 only capture expenditures that would have been made during the course of the "advocacy phase" of the campaign for passage. In 2012, the "advocacy phase" of the two ballot measure campaigns cited by Cabrera were not handled by RSD but rather were handled by "primarily formed" committees for each Proposition that appeared on the ballot.

As our public disclosures clearly demonstrate, the development of potential 2012 ballot measures sponsored by RSD began in 2010 and continued into 2011. Mr. Cabrera conveniently leaves out any information pertaining to RSD disclosures during this period of ballot measure formulation.

³ Among the ballot measures RSD has expended significant funds for: 2004: Props D, F, J, H. 2006: Props B, C. 2008: Props A, B, C. 2010: Props C, D (June and November). 2010 Failed qualification for "Fair and Open Competition Ballot Measure" 2012: Props A, B..

Between November 2010 and December 2011, RSD made expenditures in the amount of \$239,895 on polling, research and signature gathering to qualify these two measures.⁴ As you can see, this figure is far higher than the mere \$4920 Cabrera reports in his complaint.

Indeed, when examined in the context of this proper period of ballot measure formulation, the expenditures made by RSD in 2013 are actually far less than the expenditures incurred by RSD during the same formulation period for the 2012 measures.

ALLEGATION 2: *"These expenses cannot be explained as payments made in the normal course of supporting ballot question initiatives."*

FACTS: Between November 2010 and December 2011 as RSD formulated its 2012 ballot measures, RSD made payments to the very same vendors that Cabrera alleges in his complaint are suspicious.⁵

As to the specific expenditures cited by Cabrera in his complaint, RSD conducted polling through Competitive Edge Research in March 2013 on several ballot measure questions it was considering for the 2014 local elections. It should be noted that RSD used the same firm in its March 2013 ballot measure polling as it used in its December 2010 ballot measure polling.

In the RSD polling on potential ballot measures for 2014, RSD tested the development of a ballot measure to reform the way in which local infrastructure projects are financed and managed within the City of San Diego. Beginning in December 2012, several local elected officials raised the threat of a major tax increase related to infrastructure, and RSD examined policy alternatives and conducted polling around this topic in preparation for a possible ballot measure to counter the tax proposal. RSD issued a press release in December 2012 revealing its goal of formulating an infrastructure reform ballot measure.⁶

In addition, during this time Mayor Bob Filner was considering passage of special legislation to allow former city politicians to "double dip" by receiving full pension payouts and full salaries working for his Administration. In anticipation of a referendum campaign should this measure pass, RSD also conducted polling on this proposal, and in April 2013 the results of this polling were released and covered by local media.⁷

Expenses for Aristotle and Constant Contact relate to email and credit card fees charged on donations raised by RSD during this period – all "normal" and customary expenses a committee such as RSD would incur in regular fundraising efforts.

Expenses for consultant Diane Peabody during this time were for her activities relating to the research and fundraising activities of the committee. All of these expenses are common and made "in the normal course of supporting ballot question initiatives."

⁴ See public disclosures for Reforming City Hall with Carl DeMaio filed January 30, 2011; July 31, 2011; January 30, 2012, and July 31, 2012. Website portal at <https://ssl.netfile.com/pub2/Default.aspx?aid=CSD>

⁵ See disclosures January 2011, July 2011, and January 2012 for listings of Aristotle, Constant Contact, Diane Peabody, and Competitive Edge Research.

⁶ See <http://reformsandiego.org/News.html>

⁷ See <http://www.utsandiego.com/news/2013/Apr/03/frye-leaves-filner-administration-open-government/>

ALLEGATION 3: "The non-federal committee paid \$323.20 to buy a ticket on Southwest Airlines for DeMaio to travel to Washington, D.C. in January 2013."

FACTS: On January 15, 2013 Carl DeMaio gave a speech to the American Enterprise Institute on Prop B Pension Reform Initiative that RSD developed and help qualify and pass during the 2012 election. This speech was widely reported in the media, promoted by an RSD press advisory on January 14, 2013, and even attended by a supporter Rep. Scott Peters featured in a 2012 campaign advertisement. During that trip, DeMaio also met with potential supporters and partners for RSD's continued activities with reform ballot measures.⁸

ALLEGATION 4: "The nonfederal committee has held at least two fundraising events in 2013, both of which featured solicitations for corporate contributions and for individual contributions in unlimited amounts."

FACTS:

While it is true that RSD conducted fundraising activities in the first quarter of 2013, these funds were solicited and received far in advance of Mr. DeMaio becoming a federal candidate.

Prior to Mr. DeMaio becoming a federal candidate, all funds on deposit with RSD were expended, and the fund balance for the committee was brought to \$0 as of May 24, 2013. Pursuant to FEC guidance, since DeMaio is a federal candidate, RSD only accepts federally-permissible funds and the committee has held absolutely no federally-impermissible funds since Mr. DeMaio became a federal candidate.

ALLEGATION 5: "Because the evidence shows Reform San Diego accepted contributions from corporate funds and used those funds to make in-kind contributions in connection with DeMaio's exploration of federal election, Respondents have solicited, received, or directed funds outside of the federal source restrictions."

FACTS:

Mr. Cabrera provides absolutely no "evidence" in his complaint, just conjecture. As the evidence above proves, RSD only made expenditures relating to its ballot measures. Moreover, RSD made absolutely no expenditures in support of Mr. DeMaio's congressional candidacy.

STRICT FIREWALL

RSD operated with full compliance with local and state campaign finance laws during the 5 years Mr. DeMaio was a local candidate and elected official for City Council and Mayor. Just as federal laws do not permit the use of RSD funds to promote Mr. DeMaio's congressional candidacy, state and local laws also did not permit the use of RSD funds to promote Mr. DeMaio's city council or mayoral candidacies. RSD has operated and will continue to operate under a strict firewall policy to ensure that no expenditures

⁸ See: <http://www.aei.org/events/2013/01/15/san-diego-public-pension-reforms-a-road-map-for-the-nation/>

are made to promote Mr. DeMaio's candidacy for office. RSD is by definition a ballot measure committee – and all expenditures have related exclusively and solely to ballot measures.

RSD has reviewed the FEC Advisory Letter to Congressman Flake which outlines the appropriate way a ballot measure committee can operate – in Flake's case relating to a ballot measure on redistricting. RSD continues to use that FEC Advisory Letter to guide its activities to ensure absolute compliance with FEC regulations – and continue our long-standing policy of prohibiting any expenditures from RSD to promote Mr. DeMaio's candidacy for elected office.

CONCLUSION

Given how all of these facts are publicly available, it is disappointing that Mr. Cabrera at the urging of Rep. Scott Peters would have lodged this complaint and requested, in the midst of the federal budget sequester, that the FEC expend much-needed taxpayer funds on a baseless complaint.

Based on the facts presented above, and with the full back-up evidence contained in the citations provided in this response, I respectfully request the Commission dismiss Mr. Cabrera's specious complaint.

Should you have any questions, please feel free to contact me at April@aprilboling.com or 618-713-6888.

Under penalty of perjury under the laws of California, I swear that the statements made in this document are, to the best of my knowledge true, correct and complete.

Sincerely,



C. April Boling
Treasurer

ENCLOSURES: All campaign finance reports for RSD from 2010, 2011, 2012, and 2013.

CALIFORNIA FORM

460

Type or print in ink.

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ReForming City Hall With Carl DeMao

Statement covers period from	01/01/2010	Date of election if applicable: (Month, Day, Year)
through	05/22/2010	06/08/2010

2. Type of Statement: All Committees – Complete Parts 1, 2, 3, and 4.

- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Amendment (Explain below)

I.D. NUMBER
1266914

Treasurer(s)

NAME OF TREASURER

C. April Boling, CPA

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(858) 217-6112

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/13/2010 By _____

Executed on 09/13/2010 By _____

Executed on _____ Date _____

Executed on _____ Date _____

C. April Boling
Signature of Treasurer or Assistant Treasurer

Carl DeMao
Signature of Controlling Officeholder, Candidate, State Measure Proprietor or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proprietor

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 45

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
<p>He/She: City Council Member CITY San Diego</p> <p>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP</p> <p>5 San Diego CA 92101</p>		<p>BALLOT NO. OR LETTER JURISDICTION</p> <p><input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE</p>	
		<p>Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSERENT</p>	
<p>Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.</p>			
COMMITTEE NAME	I.D. NUMBER	<p>7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</p>	
Carl DeMaio for City Council 2012	1297980	CONTROLLED COMMITTEE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER	<p>NAME OF OFFICEHOLDER OR CANDIDATE</p> <p><input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE</p>		
C. April Boiling, CPA			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY San Diego	STATE CA	ZIP CODE 92101	AREA CODE/PHONE (858) 217-6112
COMMITTEE NAME	I.D. NUMBER	<p>NAME OF OFFICEHOLDER OR CANDIDATE</p> <p><input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE</p>	
NAME OF TREASURER	<p>CONTROLLED COMMITTEE?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall with Carl DeMaio

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>3</u> of <u>45</u>
		I.D. NUMBER <u>1268914</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ <u>\$101,216.00</u>	\$ <u>\$101,216.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ <u>-\$10,000.00</u>	\$ <u>\$91,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>\$91,216.00</u>	\$ <u>\$191,216.00</u>	20. Contributions Received \$ <u>\$0.00</u> \$ <u>\$0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>\$2,570.00</u>	\$ <u>\$2,570.00</u>	21. Expenditures Made \$ <u>\$0.00</u> \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>\$93,786.00</u>	\$ <u>\$193,786.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>\$81,196.84</u>	\$ <u>\$81,196.84</u>	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 3 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>\$81,196.84</u>	\$ <u>\$81,196.84</u>	Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>-\$691.25</u>	\$ <u>\$0.00</u>	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>\$2,570.00</u>	\$ <u>\$2,570.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>\$83,075.59</u>	\$ <u>\$83,766.84</u>	
Current Cash Statement			
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$105,857.68</u>	\$ <u>\$105,857.68</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>\$91,216.00</u>	\$ <u>\$91,216.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>\$81,196.84</u>	\$ <u>\$81,196.84</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>\$115,876.84</u>	\$ <u>\$115,876.84</u>	
<i>If this is a termination statement, Line 16 must be zero.</i>			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$90,000.00</u>	\$ <u>\$90,000.00</u>	

*Amounts in this section may be different from amounts
reported in Column B.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK+FPPC (866/287-3772)

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reframing City Hall with Carl DeMato

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If committee, also enter ID number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If required)
03/09/2010	Clem Abrams La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Self - Clem Abrams	\$1,000.00	\$1,000.00	Intermediate: CompleteCampaigns.com San Diego CA 92123
05/13/2010	Dia Kenshale Abrams La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$250.00	
05/13/2010	Administrative Services of SD, LLC San Diego CA 92110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/14/2010	Rafael Aguilar Lemon Grove CA 91945	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaping Aztec Landscaping, Inc.	\$1,000.00	\$1,000.00	Intermediate: CompleteCampaigns.com San Diego CA 92123
04/20/2010	Fred Anderson El Cajon CA 92021-4815	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Anderson Contractors	\$100.00	\$100.00	
SUBTOTAL \$				\$2,850.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.).....\$ _____ \$100,350.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ _____ \$866.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$** **\$101,216.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

PPC Form 460 (January/05)
PPC Toll-Free Helpline: 866/ASK-FPPC (866/287-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Reforming City Hall with Carl DeMaio	Statement covers period		I.D. NUMBER 1268914
	from <u>01/01/2010</u>	through <u>05/22/2010</u>	
	Page <u>5</u> of <u>45</u>		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/13/2010	Atkhan Somo & Associates F.I. Ca jon CA 92019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
04/20/2010	Thomas Ray Armstrong La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Armstrong Construction	\$1,000.00	\$1,000.00	
04/15/2010	Terri Arnett San Diego CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction TSA Contracting, Inc.	\$250.00	\$250.00	
05/22/2010	Atlas Environmental Services, Inc. Spring Valley CA 91977-2301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Received through intermediary: San Diego CA 92123	\$500.00	\$500.00	CompleteCampaigns.com
04/14/2010	Ronald Samberger San Dieqc CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Boardwalk Development	\$250.00	\$250.00	Received through intermediary: San Diego CA 92123
						SUBTOTAL \$ 52,250.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reforming City Hall With Carl DeMaio				\$500.00	\$50,500.00	
02/13/2010	Bergelectric Corp. Contractors & Engineers Escondido CA 92029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
05/22/2010	Bergelectric Corp. Contractors & Engineers Escondido CA 92029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$50,500.00	
03/29/2010	Rob Bilbro San Diego CA 92108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Bilbro Construction Co.	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
05/06/2010	Fred Borrelli III La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Scorpion Bay Hotel / Black Dog Farms	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
04/15/2010	John Brannenly San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director, Corp.- Relations American Cancer Society	\$250.00	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
				Subtotal \$	\$51,750.00	

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Reforming City Hall With Carl DeMaio		Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>7</u> of <u>45</u>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter I.D. number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter I.D. number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/16/2010	James Brennan San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Entertainment Endev LLC	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123
04/20/2010	Building Industry Association of San Diego Co PAC (#790708) San Diego CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
04/20/2010	C & D Wax, Inc. San Diego CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
05/13/2010	Peter Caruso La Jolla CA 92037-4413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Caruso Partners Real Estate	\$250.00	\$250.00	
04/14/2010	Edward Castoria San Diego CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO TeleTek Services	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123
SUBTOTAL \$				\$3,850.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER	Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>8</u> of <u>45</u>
---------------	--	----------------------------

Reforming City Hall With Cari DeMajo

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (If REQUIRED)
02/19/2010	Challenge Electric Corp. E: Cajon CA 92020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
04/14/2010	Gina Champion-Cain San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer American National Investments	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123
04/20/2010	Childs Mascari Warner Architects San Diego CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
02/11/2010	Coalition for Fair Employment in Construction Poway CA 92064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
04/15/2010	Christopher Collins San Diego CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Southwind Property Co.	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123
SUBTOTAL \$				\$6,350.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER	Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>9</u> of <u>45</u>
		I.D. NUMBER <u>1268914</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<input checked="" type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC		
05/13/2010	Gigi Cramer San Diego CA 92131		Real Estate Self - Gigi Cramer	\$100.00	\$100.00	
02/19/2010	Hugh Creager Coronado CA 92118		Land Broker Colliers Int'l	\$100.00	\$100.00	
04/20/2010	Debbie Day San Diego CA 92106		Executive Director Engineering & Gen'l Contractors Assoc	\$100.00	\$100.00	
01/17/2010	Dealy Development, Inc. San Diego CA 92101			\$250.00	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
02/11/2010	Mr. Harold Dokmo Jr. Escondido CA 92029		General Contractor Echo Pacific	\$125.00	\$125.00	
				Subtotal \$	\$675.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Reforming City Hall With Carl DeMaio	Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>10</u> of <u>45</u>
		I.D. NUMBER 1268914

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/16/2010	Debra Dorsee La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations The Dorsee Company	\$250.00	Received through San Diego CA 92123 intermediary: CompleteCampaigns.com	\$750.00
04/20/2010	Debra Dorsee La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations The Dorsee Company	\$250.00	Received through San Diego CA 92123 intermediary: CompleteCampaigns.com	\$750.00
04/30/2010	Debra Dorsee La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations The Dorsee Company	\$250.00	Received through San Diego CA 92123 intermediary: CompleteCampaigns.com	\$750.00
04/15/2010	Bill Earley San Diego CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Luce Forward	\$100.00	Received through San Diego CA 92123 intermediary: CompleteCampaigns.com	\$100.00
04/20/2010	Scott Erreca Lakeside CA 92040	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Vice President Erreca's Inc.	\$500.00		\$500.00
					SUBTOTAL \$	\$1,350.00

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/287-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>01/31/2010</u>	through <u>05/22/2010</u>
Page <u>11</u> of <u>45</u>	

NAME OF FILER Reforming City Hall with Carl Demaio	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR [IF COMMITTEE, ALSO ENTER ID NUMBER]	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/14/2010 Gayle Falkenthal San Diego CA 92131		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Relations Falcon Valley Group	\$250.00	Received through San Diego CA 92143	\$250.00 intermediary: CompleteCampaigns.com
04/11/2010 Douglas Farry San Diego CA 92131		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Director McKenna, Long, Aldridge LLP	\$100.00	Received through San Diego CA 92143	\$100.00 intermediary: CompleteCampaigns.com
05/15/2010 Corinne Fleming La Jolla CA 92037		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	Received through San Diego CA 92143	\$100.00 intermediary: CompleteCampaigns.com
05/13/2010 J. Bradley Forrester San Diego CA 92123		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate CorAm Management	\$1,000.00		\$1,000.00
04/15/2010 Michael Furby La Jolla CA 92037		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Marathon Construction	\$1,500.00	Received through San Diego CA 92123	\$1,500.00 intermediary: CompleteCampaigns.com
SUBTOTAL:				\$2,050.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Name of Filer
 Referring City Hall with Carl Demario

NAME OF FILER		Statement covers period		CALIFORNIA FORM	
		from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>12</u>	of <u>45</u>
		ID NUMBER			
		1268914			

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/10/2010	Yehudi Gaffen San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Ga.econ	\$750.00	\$750.00	Received through intermediary: CompleteCampaigns.com
04/29/2010	Eric Germain San Diego CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Ansai Inc	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com
04/15/2010	Ian Gill Chula Vista CA 91910	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor Highland Partnership, Inc.	\$500.00	\$500.00	Received through intermediary: CompleteCampaigns.com
05/13/2010	Timothy P. Haidinger Rancho Santa Fe CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Haidinger Properties	\$200.00	\$200.00	
05/13/2010	Robert Hasterlik La Jolla CA 92037-3806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$250.00	
		SUBTOTAL \$		\$1,160.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (Other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Reforming City Hall With Carl DeMaio
 NAME OF FILER

NAME OF FILER		Statement covers period		CALIFORNIA FORM	
		from	01/01/2010	to	460
		through	05/22/2010	Page	13 of 45
				I.D. NUMBER	
				1268914	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
04/20/2010	Cynthia Hedgecock San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer Self - Cynthia Hedgecock	\$250.00	\$250.00
04/20/2010	Roger Hedgecock San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radio Host KOGO	\$250.00	\$250.00
04/20/2010	Frank Hewitt Jamal CA 91935	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Management / CEO IntelliSolutions, Inc.	\$100.00	\$100.00
04/14/2010	Robert Hixson III San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate CB Richard Ellis	\$100.00	\$100.00
02/19/2010	Hutchens PR Group, Inc. San Diego CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Received through intermediary: CompleteCampaigns.com San Diego CA 92113	\$250.00	\$250.00
				SUBTOTAL \$	\$950.00

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

SCHEDULE A (CONT.)

PPC Form 460 (January/05)
 PPC Call-Free Helpline: 866/ASK-PPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Reforming City Hall With Carl DeMato	Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>14</u> of <u>45</u>
	I.D. NUMBER 1268914	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/09/2010	Easquale Iosele San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	StepStone Real Estate	\$100.00	\$100.00	intermediary: CompleteCampaigns.com
05/20/2010	Allen Jones San Diego CA 92108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer HG Fenton Company	\$500.00	\$500.00	intermediary: CompleteCampaigns.com
04/15/2010	Katherine Kennedy San Diego CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Relocation Coordinates, Inc.	\$500.00	\$500.00	intermediary: CompleteCampaigns.com
04/14/2010	Mark Kersey Solana Beach CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tech Analyst Kersey Strategies	\$500.00	\$500.00	intermediary: CompleteCampaigns.com
02/19/2010	Kruger Development Company San Diego CA 92122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
				SUBTOTAL \$	\$2,100.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>
Page <u>15</u> of <u>45</u>	

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reforming City Hall With Carl DeNatio						
04/03/2010 Michael Mack	San Diego CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Garden Fresh Restaurant Corp.	\$500.00	Received through Intermediary: CompleteCampaigns.com San Diego CA 92122	\$500.00
04/20/2010 Henry Edward Marie	Albuquerque NM 87123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Foley & Lardner	\$200.00		\$200.00
04/20/2010 Marriott International, Inc.	Louisville TN 37777	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
04/15/2010 Theresa McAtee'r	San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney McAtee'r & McAtee'r, APC	\$300.00	Received through Intermediary: CompleteCampaigns.com San Diego CA 92123	\$300.00
04/15/2010 David McCulloch	San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tech Professional West Development, LLC	\$100.00	Received through Intermediary: CompleteCampaigns.com San Diego CA 92113	\$100.00
				Subtotal \$	\$1,600.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 01/01/2010
 through 05/22/2010

NAME OF FILER
 ReForming City Hall with Carl DeMaio

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/17/2010	Katherine McHenry Rancho Sta Fe CA 92091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00 Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$100.00	
04/15/2010	Shawn A. McMillan San Diego CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of Shawn A. McMillan, APC	\$125.00 Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$125.00	
05/13/2010	Mark Meyer La Jolla CA 92037-4413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Publisher Self - Mark Meyer	\$250.00 Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$250.00	
05/13/2010	E. Tyler Miller San Diego CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development The Collins Company	\$250.00 Received through intermediary: CompleteCampaigns.com San Diego CA 92121	\$250.00	
04/15/2010	Nick Moede San Dieg CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Here We Go, Inc.	\$500.00 Received through intermediary: CompleteCampaigns.com San Diego CA 92116	\$500.00	
				SUBTOTAL \$	\$1,225.00	

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

NAME OF FILER Refining City Hall With Carl DeMaio	Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	Page <u>17</u> of <u>45</u>
	I.D. NUMBER <u>1268914</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/15/2010	Emile Monette Fairfax Station VA 2039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner No More Geysers Inc.	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113	\$100.00
04/15/2010	Adrian Moore Tehachapi CA 93561	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Reason Foundation	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113	\$100.00
05/13/2010	Mulvaney Family Foundation Inc. San Diego CA 92101-7994	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
04/15/2010	Ed Muna San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Lankford & Associates, Inc.	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113	\$100.00
05/13/2010	Mr. R. Michael Murphy San Diego CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Murphy Development	\$1,000.00		\$1,000.00
				SUBTOTAL \$	\$1,800.00	

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

PPC Form 460 (January/05)
 PPC Toll-Free Helpline: 866/ASK-PPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Re-forming City Hall With: Carl DeMaio	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER NAME (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	04/13/2010	Jerome V. Navarra San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Jerome's Furniture	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$500.00
	05/13/2010	NeilDymott Attorneys San Diego CA 92101-4959	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
	04/14/2010	Robin Nordhoff Del Mar CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired K/A	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$250.00
	04/15/2010	Christopher O'Brien San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician SCBNG	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$250.00
	05/22/2010	Oliver McMillan, Lic San Diego CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00		\$5,000.00
					Subtotal \$	\$6,500.00	

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

CALIFORNIA FORM 460

Statement covers period

from 01/01/2010

through 05/22/2010

Page 19 of 45

NAME OF FILER
 Reforming City Hall with Carl DeMaio

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
04/20/2010	Michael Orlando Solana Beach CA 92075-2623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer The Orlando Company	\$500.00	\$500.00	\$500.00
05/13/2010	Michael Pattinson Encinitas CA 92024-7264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Bedlington Properties	\$500.00	\$500.00	\$500.00
05/13/2010	Pearl St. Apartments La Jolla CA 92037	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
04/14/2010	John Ponder San Diego CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Sheppard Mullin Richter & Hampton	\$500.00	\$500.00	\$500.00
05/22/2010	Dona Forreca San Diego CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO & Partner Beagle Holdings, LLC	\$500.00	\$500.00	
						SUBTOTAL \$
						\$2,250.00

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASKFPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Referring City Hall With Carl DeMao	Statement covers period		I.D. NUMBER 1268914
	from <u>01/01/2010</u>	through <u>05/22/2010</u>	
	Page <u>20</u> of <u>45</u>		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (if committee, also enter ID number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (if self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/13/2010	Mary Ridge La Jolla CA 92037-1604	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$250.00	\$250.00	\$250.00
04/20/2010	Serneth Ringer El Cajon CA 92021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Casper Company	\$250.00	\$250.00	\$250.00
02/15/2010	Paul Robinson San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Hecht, Solberg, Robinson San Diego CA 92123	\$250.00	\$250.00	\$250.00
04/13/2010	Greg Rogers San Diego CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Pacific Building Group San Diego CA 92123	\$50.00	\$500.00	\$500.00
02/19/2010	Naseem Salem Spring Valley CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Palomar Cardroom	\$250.00	\$250.00	\$250.00
				SUBTOTAL \$	\$1,500.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK.FPPC (866/225-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460

Statement covers period
 from 01/01/2010
 through 05/22/2010

Page 21 of 45

NAME OF FILER
 Re-forming City Hall With Carl DeMajo

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	I.D. NUMBER
02/19/2010	Samir Salem El Cajon CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Arco AM-PM	\$250.00	\$250.00	\$250.00	1266914
04/20/2010	Charles Schmid Encinitas CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Chelsea Investment	\$250.00	\$250.00	\$250.00	
04/20/2010	James Schmidt El Cajon CA 92020-3133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	\$100.00	
04/15/2010	Scott Schmidt West Hollywood CA 90046	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President RSC Partners, Inc.	\$100.00	\$100.00	\$100.00	
05/20/2010	Steven R. Scott Solana Beach CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Kilroy Realty	\$350.00	\$350.00	\$350.00	
				SUBTOTAL \$	\$1,050.00		

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period	from <u>01/01/2010</u>
through <u>05/22/2010</u>	Page <u>22</u> of <u>45</u>

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reforming City Hall with Carl Dellaio						
04/20/2010	Scriptps Mesa Developers LLC San Diego CA 92122	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
02/03/2010	Sandor Shapery San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Shapery Enterprises	\$250.00	\$250.00	
04/04/2010	Chris Shaw San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Owner DCSS Inc., Urban Mo's Bar & Grill	\$500.00	\$500.00	
05/19/2010	Michael Shaw La Mesa CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor: Perry & Shaw	\$200.00	\$200.00	
04/20/2010	Jeffrey Sofferman Newport Beach CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Archstone	\$250.00	\$250.00	
					SUBTOTAL \$	\$3,700.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Refining City Hall With Carl DeMaio	Statement covers period from <u>01/01/2010</u> through <u>05/22/2013</u>	Page <u>23</u> of <u>45</u>
		I.D. NUMBER <u>1268914</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/02/2010	Southwest Strategies San Diego CA 92124	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92143	\$250.00
04/14/2010	Greg Stein San Diego CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Sine Die Consulting Corporation	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$100.00
04/15/2010	Phil Thalheimer San Diego CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President San Diego Flight Training Intl	\$500.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92123	\$500.00
05/13/2010	The Chase Group Solana Beach CA 92075	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
04/14/2010	Paul Twardowski Encinitas CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investments Hires	\$150.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113	\$150.00
					SUBTOTAL \$	\$1,500.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

PPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period

from 01/01/2010

through 05/22/2010

Page 24

of 45

NAME OF FILER
 Reforming City Hall With Cari Demaic

Receiving City Hall With Cari Demaic

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER NAME (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/20/2010	Doug Urbick San Diego CA 92128-3282	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hazard Construction	\$150.00	\$150.00	
05/13/2010	Ursula Wagstaff-Kuster San Diego CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive CA Botana International	\$500.00	\$500.00	
04/14/2010	Barbara Warden San Diego CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
04/16/2010	David Watson Chula Vista CA 91914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Hecht, Solberg Robinson Goldberg	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
04/15/2010	Michael Willis La Mesa CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Contractor CSE, Inc.	\$250.00	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
				SUBTOTAL \$	\$1,100.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Monetary Contributions Received		CALIFORNIA FORM	460
Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>		Page <u>25</u> of <u>45</u>	I.D. NUMBER <u>1268914</u>
Amounts may be rounded to whole dollars.		NAME OF FILER Reforming City Hall With Carl DeMato	

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule B – Part 1
Loans Received**

SEE INSTRUCTIONS ON REVERSE

Reforming City Hall With Cari DeMasio
NAME OF FILER

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1
CALIFORNIA FORM
460

Statement covers period
from 01/01/2010
through 05/22/2010

Page 26 of 45

		I.D. NUMBER <u>1268914</u>
--	--	-------------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (ALSO ENTER ID NUMBER) (IF COMMITTEE, ALSO ENTER ID NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Cari DeMasio	Councilmember	City of San Diego	\$ 100,000.00	\$ 10,000.00	<input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 90,000.00	0.000 % RATE	\$ 200,000.00 \$ 0.00 PER ELECTION**	CALENDAR YEAR
San Diego CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100,000.00	\$ 10,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 90,000.00 12/31/2012 DATE DUE	\$ 0.00 RATE	\$ 200,000.00 \$ 0.00 DATE INCURRED	CALENDAR YEAR
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100,000.00	\$ 10,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 90,000.00 12/31/2012 DATE DUE	\$ 0.00 RATE	\$ 200,000.00 \$ 0.00 DATE INCURRED	CALENDAR YEAR
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 100,000.00	\$ 10,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 90,000.00 12/31/2012 DATE DUE	\$ 0.00 RATE	\$ 200,000.00 \$ 0.00 DATE INCURRED	CALENDAR YEAR
						SUBTOTALS \$	\$ 10,000.00	\$ 90,000.00	\$ 0.00

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven)
(Include loans paid by a third party that are also itemized on Schedule A.) \$ 10,000.00
3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2. NET \$ -10,000.00
(May be a negative number)

*Enter (g) on
Schedule B, Line 2.

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule C	
Nonmonetary Contributions Received	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER ReForming City Hall With Carl DeMaio	
Type or print in ink. Amounts may be rounded to whole dollars.	
CALIFORNIA FORM 460 Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>	
Page <u>27</u> of <u>45</u>	
I.D. NUMBER <u>1268914</u>	

Attach additional information on appropriately labelled continuation sheets.

Schedule C Summary

- | | |
|---|---|
| <p>1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)</p> <p>2. Amount received this period – unitemized nonmonetary contributions of less than \$100</p> <p>3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)</p> | \$ <u> 2,570.00 </u>
\$ <u> 0.00 </u>
TOTAL \$ <u> 2,570.00 </u> |
| | IND – Individual |
| | COM – Recipient Committee
(other than PTY or SCC) |
| | OTH – Other (e.g., business entity) |
| | PTY – Political Party |
| | SCC – Small Contributor Committee |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2010	SDS for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Carl Barnes	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$255.65	\$70,127.15	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Brochure design	\$373.41	\$70,127.15	
01/19/2010	SDS for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Belladia Marketing and Design LLC	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$737.65	\$70,127.15	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
03/23/2010	SDS for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Jordan Blevins	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$1,466.71	\$70,127.15	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				

Schedule D Summary

- | | |
|--|----------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ <u>574,077.15</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ <u>.00</u> |
| TOTAL \$ <u>574,077.15</u> | |

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULED (CONT.)
CALIFORNIA
FORM

Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>29</u> of <u>45</u>
---	---------------------------	-----------------------------

NAME OF FILER	DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reforming City Hall With Carl DeMaio	05/13/2010	SDs for Accountability at City Hall Mayor-Council form of government & San Diego California Voter Guide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate mailer	\$1,200.00	\$3,950.00	
	04/14/2010	SDs for Accountability at City Hall Mayor-Council form of government & San Diego Continuing the Republican Revolution	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate mailer	\$1,000.00	\$3,950.00
	03/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Matthew Donnellan	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$1,156.00	\$70,127.15
	04/03/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Hale Media, Inc.	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$4,000.00	\$70,127.15
						SUBTOTAL \$	\$7,356.00

**Schedule D
(Continuation Sheet)**
Summary of Expenditures
**Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED (CONT'D) CALIFORNIA FORM 460					
Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>		Page <u>30</u> of <u>45</u>		I.D. NUMBER <u>1268914</u>	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
04/08/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Hale Media, Inc.	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$4,000.00	\$70,127.15
04/06/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Hale Media, Inc.	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$4,000.00	\$70,127.15
04/08/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Hale Media, Inc.	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$4,000.00	\$70,127.15
03/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Alex Livingston	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$442.18	\$70,127.15
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		SUBTOTAL \$	\$12,442.18

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDEDULED (CONT.)
CALIFORNIA FORM
460

Statement covers period	CALIFORNIA FORM	
from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>31</u> of <u>45</u>

NAME OF FILER	DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	I.D. NUMBER
Reforming City Hall With Carl DeMaio	01/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Ashley Pakozdi	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$769.64	\$70,127.15		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
	05/13/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Jeff Powell	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$1,000.00	\$70,127.15		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
	03/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Leonardo Prado	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature Collection	\$389.14	\$70,127.15		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
	01/19/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Reprohagic	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Brochure	\$2,694.28	\$70,127.15		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
					SUBTOTAL \$	\$4,353.06		

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULED (CONT.)
CALIFORNIA
FORM

Statement covers period
 from 01/01/2010
 through 05/22/2010

Page 32 of 45

NAME OF FILER
 ReForming City Hall With Carl DeMaio

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Republican Party of San Diego County	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Blast emails	\$659.20	\$70,127.15	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
04/23/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego Republican Party of San Diego County	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Signature table	\$400.00	\$70,127.15	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/13/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD San Diego North Chamber of Commerce	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Booth-Sig Collection	\$150.00	\$70,127.15	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
05/13/2010	SDs for Accountability at City Hall Mayor Council Form of government D San Diego SBAC Newsletter	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Slate mailer	\$1,750.00	\$3,950.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				\$2,959.20		

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED (CONT.)		CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2010</u> through <u>05/22/2010</u>		Page <u>33</u> of <u>45</u> I.D. NUMBER <u>1268914</u>	
NAME OF FILER Reforming City Hall With Cari Dehao		PER ELECTION TO DATE (IF REQUIRED)	
DATE 03/25/2010	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBO San Diego	TYPE OF PAYMENT <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AMOUNT THIS PERIOD \$15,000.00
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) \$70,127.15
04/22/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBO San Diego	TYPE OF PAYMENT <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AMOUNT THIS PERIOD \$15,000.00
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) \$70,127.15
05/12/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBO San Diego	TYPE OF PAYMENT <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AMOUNT THIS PERIOD \$15,000.00
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) \$70,127.15
04/30/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBO San Diego Worldwide Community Forum, Inc.	TYPE OF PAYMENT <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AMOUNT THIS PERIOD \$500.00
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) \$70,127.15
		SUBTOTAL \$	\$45,500.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMato

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

SCHEDULE E		CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>34</u> of <u>45</u>	I.D. NUMBER <u>1266914</u>

NAME AND ADDRESS OF PAYEE (If Committee, also enter ID number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Carl Barnes	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$355.65
Vacaville CA 95688			
SellMedia Marketing and Design INC	CTB	Brochure design - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$375.41
San Diego CA 92103			
Jordan Bleavins	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$737.65
San Diego CA 92115			
SUBTOTAL \$			\$1,466.71

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ \$81,107.76
2. Unitemized payments made this period of under \$100 \$ \$89.08
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ \$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ \$81,196.84**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl Demasio

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDELE E (CONT.)

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>
Page <u>37</u> of <u>45</u>	
I.D. NUMBER <u>1268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airline and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	refused contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airline and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC			\$580.20
San Diego CA 92123				
CompleteCampaigns.com	OFC			\$48.75
San Diego CA 92123				
CompleteCampaigns.com	OFC			\$37.50
San Diego CA 92123				
CompleteCampaigns.com	OFC			\$5.63
San Diego CA 92123				
CompleteCampaigns.com	OFC			\$18.75
San Diego CA 92123				
SUBTOTAL \$				\$690.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/287-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Referring City Hall With Carl DeMaio

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>38</u> of <u>45</u>
I.D. NUMBER <u>1268914</u>		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CIV civic donations	PET petition circulating
CVC candidate filing/ballot fees	PHO phone banks
FIL fundraising events	POL polling and survey research
RND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC		\$7.50
San Diego CA 92123			
CompleteCampaigns.com	OFC		\$3.75
San Diego CA 92123			
Continuing the Republican Revolution (#598031)	CTB	Slate mailer - to support SDs for Accountability at City Hall (ID# 1322855)	\$1,000.00
Newport Beach CA 92660			
Matthew Donnellan	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$1,156.00
San Diego CA 92110			
Hale Media, Inc.	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$4,000.00
San Diego CA 92103			
SUBTOTAL \$			\$6,167.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDEULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>01/01/2010</u>	through <u>05/22/2010</u>	Page <u>39</u> of <u>45</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CIV civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hale Media, Inc.	CTB	Signature Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$4,000.00
San Diego CA 92103	CTB	Signature Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$4,000.00
Hale Media, Inc.	CTB	Signature Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$4,000.00
San Diego CA 92103	CTB	Signature Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$4,000.00
Hale Media, Inc.	CTB	Signature Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$442.18
San Diego CA 92103	PRO		\$731.25
Alex Livingston			
San Diego CA 92115			
Tysa Ray Campaign Services			
Santa Ana CA 92705			
			SUBTOTAL \$ 513,173.43

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall with Carl DeMaio

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2010</u>	through <u>C5/22/2010</u>
Page <u>40</u>	of <u>45</u>
I.D. NUMBER <u>1268914</u>	

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CMF campaign paraphernalia/misc.	MBR member communications	PRO		\$337.50
CNS campaign consultants	MTG meetings and appearances			
CTB contribution (explain nonmonetary)*	OFC office expenses			
CVC civic donations	PET petition circulating			
FIL candidate filing/ballot fees	PHO phone banks			
FND fundraising events	POL polling and survey research			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services			
LEG legal defense	PRO professional services (legal, accounting)			
LT campaign literature and mailings	PRT print ads			
<hr/>				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				
<hr/>				
Santa Ana CA 92705	PRO			
<hr/>				
Lysa Ray Campaign Services	PRO			
<hr/>				
Santa Ana CA 92705	END			
<hr/>				
Brian Moreland	END			
<hr/>				
San Diego CA 92108	END			
<hr/>				
Brian Moreland	END			
<hr/>				
San Diego CA 92108	END			
<hr/>				
SUBTOTAL \$				\$1,840.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/285-3772)

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Reforming City Hall with Carl DeMaio

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA FORM
from <u>01/01/2010</u>	through <u>05/22/2010</u>
	Page <u>41</u> of <u>45</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information/technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ashley Pakozdi	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$269.64
San Diego CA 92110			
Jeff Powell	CTB	Consulting - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$1,000.00
San Diego CA 92128			
Leonardo Prado	CTB	Signature Collection - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$389.14
San Diego CA 92109			
ReproMagic	CTB	Brochure - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$2,694.26
San Diego CA 92123			
Republican Party of San Diego County (#741945)	CTB	Signature Table - to support SDs for Fair and Open City Contracting (ID# 1322891)	\$400.00
San Diego CA 92119			
			SUBTOTAL \$
			\$ 4,753.06

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Refining City Hall With Carl DeMato

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2010</u>	to <u>05/22/2010</u>
through	Page <u>42</u> of <u>45</u>
I.D. NUMBER <u>1268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

ONP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Republican Party of San Diego County (#741949)	CT3		Blast emails - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$659.20
San Diego CA 92119				
San Diego North Chamber of Commerce	CTS		Booth-Sig Collection - to support SDS for Fair and Open City Contracting (ID# 1322891)	\$150.00
San Diego CA 92128				
SBAC Newsletter (#1322823)	CTB		Slate mailer - to support SDS for Accountability at City Hall (ID# 1322855)	\$1,750.00
Laguna Niguel CA 92677				
Scott & Cronin LLP	PRO			\$1,146.68
Encinitas CA 92024				
Scott & Cronin LLP	PRO			\$691.25
Encinitas CA 92024				
SUBTOTAL \$	\$ 4,397.13			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from <u>01/01/2010</u>
through <u>05/22/2010</u>

Page 43 of 45

I.D. NUMBER
<u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.			
CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Scott & Cronin LLP	PRO			\$1,071.29
Encinitas CA 92024	CTB			\$15,000.00
SDs for Fair and Open City Contracting (#1322891)	CTB			\$15,000.00
San Diego CA 92119	CTB			\$15,000.00
SDs for Fair and Open City Contracting (#1322891)	CTB			\$15,000.00
San Diego CA 92119	CTB			\$15,000.00
San Diego CA 92119	POS			\$61.00
Atlanta GA 30328	POS			
SUBTOTAL \$				\$46,132.29

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl DeMaio

Schedule F Summary

- | | INCURRED TOTALS \$ | PAID TOTALS \$ | NET \$ |
|---|--------------------|----------------|-----------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total itemized accrued expenses under \$100.) | \$0.00 | \$0.00 | \$0.00 |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total itemized payments on accrued expenses under \$100.) | \$691.25 | \$691.25 | \$691.25 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | | | -\$691.25 |

મેયર બે હેઠળ

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772) FPPC Form 460 (January/05)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections §4200-84216.5)

Type or print in ink.

COVER PAGE

460

CALIFORNIA
FORM

Date Stamp

Page 1 of 18
For Official Use Only

Statement covers period from <u>05/23/2010</u>	Date of election if applicable: (Month, Day, Year) <u>06/08/2010</u>
SEE INSTRUCTIONS ON REVERSE	

- 1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5) Sponsored
(Also Complete Part 6)
- General Purpose Committee Amendment (Explain below)
 Sponsored Amended to correct the Summary Page and Schedules A, B, D, E, F
 Small Contributor Committee and G.
 Political Party/Central Committee *(Also Complete Part 7)*

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reforming City Hall with Carl DeMato

NAME OF TREASURER

C. April Boiling, CPA

STREET ADDRESS (NO P.O. BOX)

CITY San Diego STATE CA ZIP CODE 92119 AREA CODE/PHONE (858) 217-6112

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- By 09/12/2010 Date 09/13/2010 Date
C. April Boiling, CPA
Signature of Treasurer or Assistant Treasurer
- By Carl DeMato Date
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
- By _____ Date _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent
- By _____ Date _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January 08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA 460

Page 2 of 18

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Carl DeMaio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF BALLOT MEASURE		
Held: City Council Member:	San Diego	5	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
City			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP	
	San Diego	CA 92101	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

Carl DeMaio for City Council 2012

1291990

CONTROLLED COMMITTEE?

YES NO

NAME OF TREASURER

C. April Soling, CPA

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Diego CA 92101 (858) 217-6112

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Diego CA 92101 (858) 217-6112

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

San Diego CA 92101 (858) 217-6112

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Refining City Hall Rich Carl DeMaio

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>05/23/2010</u>	through <u>05/30/2010</u>	Page <u>3</u> of <u>18</u>
---	---------------------------	----------------------------

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ 11,365.00	\$ 1112,581.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3	-\$10,000.00	\$50,300.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ -\$28,635.00	\$152,581.00	
4. Nonmonetary Contributions	Schedule C, Line 3	\$2,073.38	\$4,613.38	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ -\$26,561.62	\$167,224.38	
Expenditures Made				Expenditure Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	\$ 669,784.77	\$ 150,981.61	
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 669,784.77	\$ 150,981.61	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$821.83	\$821.83	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3	\$2,073.38	\$4,613.38	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 72,679.98	\$ 156,446.82	
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 115,876.84	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
13. Cash Receipts	Column A, Line 3 above	-\$28,635.00		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$1,221.23		
15. Cash Payments	Column A, Line 8 above	\$69,784.77		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 18,678.30		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00		
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See Instructions on reverse	\$ 0.00		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 50,821.83		

*Amounts in this section may be different from amounts
reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMello

SCHEDULE A
CALIFORNIA FORM 460

		Statement covers period		CALIFORNIA FORM 460	
		from	05/23/2010	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		through	06/30/2010	RECEIVED THIS PERIOD	AMOUNT RECEIVED THIS PERIOD
				I.D. NUMBER	Page _____ of _____
				1268914	4 of 18

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/27/2010	Doug Austin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architect Austin Veum Robbins Partners	\$250.00	\$250.00	
	San Diego CA 92101		Received through San Diego CA 92113			
06/25/2010	Robert Buie	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor: Buie Communities	\$100.00	\$100.00	
	Rancho Santa Fe CA 92057		Received through San Diego CA 92113			
06/30/2010	Hutchens PR Group, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$500.00	
	San Diego CA 92101					
06/30/2010	Reese Jarrett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate E. Smith Company	\$250.00	\$250.00	
	San Diego CA 92101					
06/25/2010	Helmut Kifmann	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Kifmann Properties, Inc.	\$1,000.00	\$1,000.00	
	San Diego CA 92121		Received through San Diego CA 92113			
				SUBTOTAL \$	\$1,850.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
2. Amount received this period – unitemized monetary contributions of less than \$100
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

\$11,250.00
\$115.00
\$11,365.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-372)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>05/23/2010</u>	through <u>06/30/2010</u>
Page <u>5</u> of <u>16</u> .	

NAME OF FILER Reforming City Hall With Carl DeMaic	I.D. NUMBER 1268914
---	----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/12/2010	Jean-Paul Lewis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of J.P. Lewis, LLC	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
06/29/2010	Janice McElroy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Architecture Design: Howard Sheed Architecture Design	\$100.00	\$100.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
06/17/2010	Mitchillin Management Services	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
06/30/2010	Nasland Engineering	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
	San Diego CA 92111					
06/30/2010	Jerome V. Navarra	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner: Jerome's Furniture	\$2,000.00	\$2,000.00	
	San Diego CA 92103					
SUBTOTAL \$				\$7,450.00		

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

Statement covers period from <u>05/23/2010</u>	through <u>06/30/2010</u>
Page <u>6</u> of <u>16</u>	

NAME OF FILER <i>Reforming City Hall with Carl DeMaio</i>	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2010 David Nuffer	Nuffer Smith Tucker San Diego CA 92107-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Nuffer Smith Tucker	\$100.00	\$100.00	
05/27/2010 James S. Quinn	James S. Quinn La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor American Property Enterprises	\$250.00	\$250.00	Received through intermediary: CompleteCampaigns.com San Diego CA 92113
06/30/2010 Rick Engineering Company	Rick Engineering Company San Diego CA 92110-2596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/30/2010 Shea Properties Management Co., Inc.	Shea Properties Management Co., Inc. Aliso Viejo CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2010 T.Y. Lin International	T.Y. Lin International San Diego CA 92108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
SUBTOTAL \$				\$1,100.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Contributor Codes

IND – Individual
COM – Recipient Committee
 (other than PTY or SCC)
OTH – Other e.g. business entity
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF ELL STUDENT

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		(a) OUTSTANDING BALANCE AT BEGINNING THIS PERIOD		(b) AMOUNT RECEIVED THIS PERIOD		(c) AMOUNT PAID OR FORGIVEN THIS PERIOD		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		(e) INTEREST PAID THIS PERIOD		(f) ORIGINAL AMOUNT OF LOAN		(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Carl DeMato		Councilmember		City of San Diego		\$ 540,330.00		\$ 50.00		<input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		\$ 540,330.00		0.000 % RATE		\$ 540.00 CALENDAR YEAR PER ELECTION**	
San Diego CA 92127 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC																	
Carl DeMato		Councilmember		City of San Diego		\$ 540,330.00		\$ 50.00		<input checked="" type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		\$ 540,330.00		0.000 % RATE		\$ 540.00 CALENDAR YEAR PER ELECTION**	
San Diego CA 92127 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC																	
SUBTOTALS		\$ 540,330.00 \$		\$ 540,330.00 \$		\$ 540,330.00 \$		\$ 540,330.00 \$								\$ 540,330.00 \$	

Schedule B Summary

- | | | |
|---|---------------|--|
| 1. Loans received this period

(Total Column (b) plus unitemized loans of less than \$100.) | \$
..... | \$ 5110,000.00 |
| 2. Loans paid or forgiven this period

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.) | \$
..... | \$ 150,000.00 |
| 3. Net change this period. (Subtract Line 2 from Line 1.) | NET \$ | -\$40,000.00

(May be a negative number) |

{Enter (v) on
Schedule E, Line 3)

1	Contributor Codes
IND – Individual	
COM – Recipient Committee (other than PTY or SCC)	
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

** If required.

** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASKFPPC (866/275-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Nonmonetary Contributions Received		SEE INSTRUCTIONS ON REVERSE
Amounts may be rounded to whole dollars.		NAME OF FILER Reforming City Hall with Carl DeMaio
Statement covers period from <u>05/23/2010</u> through <u>06/10/2010</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>16</u>
		I.D. NUMBER <u>1268914</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2010	858 Graphics	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Signage	\$734.00	\$734.00	
06/14/2010	Art Limousine San Diego CA 92126	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bus Transportation	\$859.38	\$859.38	
06/11/2010	Carl DeMico San Diego CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Member	Payment for signage	\$100.00	\$100.00	
06/30/2010	The Lincoln Club of San Diego County (#831561)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Diego	Staff support	\$300.00	\$300.00	
	San Diego CA 92119						
SUBTOTAL \$							\$1,993.38

Attach additional information on appropriately labeled continuation sheets.

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- | | |
|---|--|
| <p>1. Amount received this period – itemized nonmonetary contributions.
 (Include all Schedule C subtotals.)</p> <p>2. Amount received this period – unitemized nonmonetary contributions of less than \$100</p> <p>3. Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page. Column A. Lines 4 and 10.)</p> | \$ <u> </u> \$1,993.38
\$ <u> </u> \$80.30
<u>\$2,073.38</u> |
| | IND – Individual
COM – Recipient Committee
(others than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee |
| | |
| | |

Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January 05)
FPPC Toll-Free HelpLine: 866/ASK-FPPC (866/257-5377)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With**

Statement covers period		CALIFORNIA FORM	
from	05/23/2010	through	06/30/2010
		Page	10 of 18
NAME OF FILER ReForming City Hall With Carl DeMaio		I.D. NUMBER 1265314	
SEE INSTRUCTIONS ON REVERSE			
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees			
Type or print in ink. Amounts may be rounded to whole dollars.			
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)
05/24/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD City of San Diego	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$30,000.00
06/03/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD City of San Diego	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$20,000.00
06/11/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD City of San Diego	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$10,000.00
			SUBTOTAL \$ \$60,000.00
PER ELECTION TO DATE (JAN. 1-DEC. 31) (\$138,127.15)			

Schedule D Summary

- | | | |
|---|-------------------------|-------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ <u> </u> | \$ <u> </u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ <u> </u> | \$ <u> </u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | \$ <u> </u> | \$ <u> </u> |
| TOTAL | \$ <u> </u> | \$ <u> </u> |

FPPC Toll-Free Helpline: 866ASK-FPPC (866/2275-3772) FPPC Form 460 (January/05)

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)					
Statement covers period		CALIFORNIA 460 FORM			
from <u>05/23/2010</u>		Page <u>1</u> of <u>16</u>			
through <u>06/30/2010</u>		I.D. NUMBER <u>1266914</u>			
<p>Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees</p> <p>NAME OF FILER Reforming City Hall with Carl DeMaio</p> <p>Amounts may be rounded to whole dollars.</p>					
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)
05/15/2010	SDs for Fair and Open City Contracting Competition & Transparency in City Contracting TBD City of San Diego Sunshine Strategy	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Consulting	\$5,000.00	\$135,127.15
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose			
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			
</td					

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-forming City Hall With Carl DeMaio

SCHEDULE E CALIFORNIA FORM 460

Statement covers period from <u>05/23/2010</u>	through <u>06/30/2010</u>	Page <u>12</u> of <u>16</u>
		I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QWP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POI polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditures supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (If Committee, also enter I.D. Number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC		\$63.75
San Diego CA 92123	OFC		\$30.00
CompleteCampaigns.com	OFC		\$37.50
San Diego CA 92123	OFC		
CompleteCampaigns.com	OFC		
San Diego CA 92123	OFC		
			SUBTOTAL \$ 131.25

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 69,651.76
2. Unitemized payments made this period of under \$100 \$.5133.01
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.50.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 69,784.77**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl Demario

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>05/23/2010</u>	through <u>06/30/2010</u>	Page <u>13</u> of <u>16</u>
		I.D. NUMBER <u>1265914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC			\$7.50
San Diego CA 92123	OFC			\$1.13
CompleteCampaigns.com	OFC			\$382.50
San Diego CA 92123	OFC			\$84.38
CompleteCampaigns.com	OFC			\$7.50
San Diego CA 92123	OFC			\$483.01

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

PPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ReForming City Hall with Carl DeMato

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>05/27/2010</u>	through <u>06/30/2010</u>	Page <u>14</u> of <u>18</u>
		I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
UT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
PFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lysa Ray Campaign Services	PRO		\$787.50
Santa Ana CA 92705			
MainStreet Communications, Pomerado Newspaper Group	PRI		\$250.00
Poway CA 92064			
SDs for Fair and Open City Contracting (#1322891)	CTB		\$10,000.00
San Diego CA 92119			
SDs for Fair and Open City Contracting (#1322891)	CTB		\$20,000.00
San Diego CA 92119			\$30,000.00
San Diego CA 92119			
			Subtotal \$ 61,037.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ReForming City Hall With Carl DeMio

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

T.V. or cable airtime and production costs

TEL candidate travel, lodging, and meals

TRC staff/spouse travel, lodging, and meals

TRS transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

CALIFORNIA FORM 460	
Statement covers period from <u>05/23/2010</u>	through <u>06/30/2010</u>
Page <u>16</u>	of <u>18</u>

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Jeff Powell	CNS	\$0.00	\$136.83	\$0.00	\$136.83
San Diego CA 92128					
Iysa Ray Campaign Services	PRO	\$0.00	\$525.00	\$0.00	\$525.00
Santa Ana CA 92705					
Steven Bartholow	Video	\$0.00	\$160.00	\$0.00	\$160.00
San Diego CA 92120					
SUBTOTALS \$		\$0.00 \$	\$121.83 \$	\$0.00 \$	\$121.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ \$821.83**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ \$0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ \$821.83**

Note: Be a negative number.

FFPC Form 460 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/225-3772)

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Referring City Hall with Carl DeMaio
SEE INSTRUCTIONS ON REVERSE

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

1. Itemized increases to cash this period \$ 51,221.23

2. Unitemized increases to cash of under \$100 this period \$ 0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00

4. Total miscellaneous increases to cash this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL** \$ 51,221.23

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/258-3772)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2010 through 09/30/2010

Date of election if applicable:
(Month, Day, Year)
11/02/2010

Name of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
^(Also Complete Part 5)
 General Purpose Committee Primary Formed Candidate/
 Sponsored Officeholder Committee
 Small Contributor Committee ^(Also Complete Part 7)
 Political Party/Central Committee

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Preelection Statement Quarterly Statement
 Semi-annual Statement Special Odd-Year Report
 Termination Statement Supplemental Preelection
^(Also file a Form 410 Termination) Statement - Attach Form 495
 Amendment (Explain below)

3. Committee Information

I.D. NUMBER

1268714

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reforming City Hall With Carl DeMaio

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(858) 217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/03/2010
By _____ Date _____

Executed on 10/03/2010
By _____ Date _____

Executed on _____
By _____ Date _____

Executed on _____
By _____ Date _____

C. A. P. I. B. C. I. G. C. P. A.
Signature of Treasurer or Assistant Treasurer

C. A. I. D. E. I. O.
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer or Sponsor

C. A. P. I. B. C. I. G. C. P. A.
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

C. A. P. I. B. C. I. G. C. P. A.
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

**CALIFORNIA
FORM
460**

Page 2 of 24

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Carl DeMaio		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	5	BALLOT NO. OR LETTER	JURISDICTION
City Council Member	San Diego		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	
San Diego CA	92101	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	
<p>Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.</p>			
COMMITTEE NAME Carl DeMaio for City Council 2012	I.D. NUMBER 1297980	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER C. April Boiling, CPA	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS CITY San Diego	STATE ZIP CODE CA 92101	AREA CODE/PHONE (858) 217-6112	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS CITY	STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE	AREA CODE/PHONE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carol Demario

**SUMMARY PAGE
CALIFORNIA 460**

Statement covers period from <u>07/01/2C10</u>	through <u>09/30/2010</u>
Page <u>3</u> of <u>24</u>	

I.D. NUMBER <u>1266914</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>54,914.00</u>	\$ <u>5117,495.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>50,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>54,914.00</u>	\$ <u>167,495.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>51,850.00</u>	\$ <u>6,493.38</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>56,764.00</u>	\$ <u>173,933.38</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>510,800.80</u>	\$ <u>161,782.41</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>\$10,800.80</u>	\$ <u>\$161,782.41</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>228.17</u>	\$ <u>1,050.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>51,850.00</u>	\$ <u>6,493.38</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>\$12,878.97</u>	\$ <u>\$169,325.79</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$18,678.30</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>\$4,914.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>50.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>\$10,800.80</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>\$12,791.50</u>	
If this is a terminal statement, Line 16 must be zero.		
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>\$0.00</u>	
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	See Instructions on reverse \$ <u>\$0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$51,050.00</u>	

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Cari DeMatio

		Statement covers period	CALIFORNIA FORM
		from <u>07/01/2010</u>	to <u>09/30/2010</u>
		through <u>09/30/2010</u>	Page <u>4</u> of <u>24</u>
		I.D. NUMBER <u>1268914</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee Also Enter I.D. Number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If Self-Employed, Enter Name of Business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/18/2010	Robert J. Bassos La Mesa CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Century Design, Inc.	\$500.00	\$500.00	\$500.00
08/05/2010	Craig Baumann La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self - Craig Baumann	\$100.00		\$100.00
08/23/2010	Marcel Becker El Cajon CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO JCI Metal Products	\$250.00	\$250.00	\$250.00
08/22/2010	Jeffrey Cavignac San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Risk Management & Insurance Cavignac & Associates	\$500.00	\$500.00	\$500.00
08/21/2010	Arnold D. Feuerstein Newport Beach CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shopping Center Management Mira Mesa Shopping Center	\$250.00	\$250.00	\$250.00
				SUBTOTAL \$	\$1,600.00	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$4,425.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ \$189.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ \$4,614.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period	from <u>07/01/2010</u>
	through <u>09/30/2010</u>
	Page <u>5</u> of <u>24</u>

NAME OF filER
 Reforming City Hall With Carl DeMaio

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/21/2010	Brett Feuerstein La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shopping Center Management Mira Mesa Shopping Center	\$250.00	\$250.00	\$250.00
08/21/2010	Diane Feuerstein La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker N/A	\$250.00	\$250.00	\$250.00
08/21/2010	Elliot Feuerstein La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shopping Center Management Mira Mesa Shopping Center	\$250.00	\$250.00	\$250.00
08/21/2010	Helene Feuerstein Marina Del Ray CA 90292	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife N/A	\$250.00	\$250.00	\$250.00
08/21/2010	Roberta Feuerstein Newport Beach CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Gallery West	\$250.00	\$250.00	
				SUBTOTAL \$	\$1,250.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Reforming City Hall With Carl DeMato	Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>	Page <u>6</u> of <u>24</u>
	I.D. NUMBER <u>12689-4</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/24/2010	Mr. Allen Gates San Diego CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC N/A	Retired	\$125.00	\$125.00	
08/06/2010	John Michaelisen La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Capital Growth Properties, Inc.	\$100.00	\$100.00	
09/17/2010	James Naughton Jr. Del Mar CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Institute for Public Strategies	\$100.00	\$100.00	
08/22/2010	Gerald Nizentoff San Diego CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC SAIC	Engineer	\$100.00	\$100.00	
08/05/2010	James S. Quinn La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor American Property Enterprises	\$100.00	\$150.00	
				Subtotal \$	\$525.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2010</u>	through <u>09/30/2010</u>
Page <u>7</u>	of <u>24</u>

NAME OF FILER
 Re-forming City Hall With Carl DeMaio

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/23/2010	Steven Rider Austin TX 78737-4550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Manager Live Nation, Inc.	\$500.00	\$500.00	
08/11/2010	Phillip Schreider Roway CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Consultant Schneider Financial Strategies	\$100.00	\$100.00	
09/24/2010	Jon Schrag San Diego CA 92150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	
08/08/2010	John Sparduto Escondido CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self - John Sparduto	\$250.00	\$250.00	
08/10/2010	Stephen Stewart Barstow CA 92311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Self - Stephen Stewart	\$100.00	\$100.00	
				SUBTOTAL \$	\$1,050.00	

*Contributor Codes

IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASR-FPPC (866/225-3772)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**
Reforming City Hall with

Schedule B Summary

- | | | | |
|---|---------------------|-----------------|-----------------|
| 1. Loans received this period
<small>(Total Column (b) plus unitemized loans of less than \$100.)</small> | \$ | \$ | \$ |
| 2. Loans paid or forgiven this period
<small>(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)</small> | \$ | \$ | \$ |
| 3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page. Column A, line 2
<small>(May be a negative number)</small> | NET \$ | \$ | \$ |

*Amounts forgiven or paid by another party also must be reported on Schedule A.

* If required.

卷之三

(Enter (e) on
Schedule E, Line 3)

†Contributor Codes	
IND – Individual	
COM – Recipient Committee	(other than PTY or SCC)
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772)

**Schedule C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Nonmonetary Contributions Received		Statement covers period from <u>07/01/2010</u> through <u>09/30/2010</u>						CALIFORNIA FORM 460	
								Page <u>9</u> of <u>24</u>	
								I.D. NUMBER <u>1268914</u>	
Amounts may be rounded to whole dollars.									
SEE INSTRUCTIONS ON REVERSE									
NAME OF FILER Reforming City Hall With Carl DeMaio									
Date Received	Full Name, Street Address and Zip Code of Contributor (If Committee, also enter I.D. Number)	Contributor Code *	If an individual, Enter Occupation and Employer (If self-employed, enter name of business)	Description of Goods or Services	Amount/Fair Market Value	Cumulative to Date	Per Election to Date		
08/29/2010 09/13/2010	Hale Media, Inc. San Diego CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Website hosting and Development	\$300.00	\$2,200.00			
09/01/2010 09/30/2010	Hale Media, Inc. San Diego CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Social media management services	\$1,000.00	\$2,200.00			
07/31/2010 (#771949)	Republican Party of San Diego County San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Use of office space	\$50.00	\$550.00			
08/31/2010 (#741949)	Republican Party of San Diego County San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Use of office space	\$200.00	\$550.00			
							Subtotal \$	\$1,550.00	
Attach additional information on appropriately labeled continuation sheets.									

Schedule C Summary

- | | IND – Individual | COM – Recipient Committee
(other than PTY or SCC) | OTH – Other (e.g., business entity) | PTY – Political Party | SCC – Small Contributor Committee |
|---|--------------------|--|-------------------------------------|-----------------------|-----------------------------------|
| 1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) | \$ 1,850.00 | | | | |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 0.00 | | | | |
| 3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | \$ 1,850.00 | | | | |

Attach additional information on an appropriately labeled continuation sheet.

***Contributor Codes**

IND – Individual	COM – Recipient Co	(other than P)
OTH – Other (e.g.,		
PTY – Political Party		
SCC – Small Contrib		

FPPC Form 460 (January/05)
FPPC Toll-Free HelpLine: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C		CALIFORNIA 460	
Statement covers period from <u>07/01/2010</u>		through <u>09/30/2010</u>	
		Page <u>10</u> of <u>24</u>	
		I.D. NUMBER <u>1268914</u>	
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER Reforming City Hall With Carl DeMaio			

Attach additional information on appropriate V labeled continuation sheets.

Schedule C Summary

- | | | |
|---|-----------------|--------------------|
| <p>1. Amount received this period – itemized nonmonetary contributions.
 (Include all Schedule C subtotals.)</p> | \$ | \$ 1,850.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ | \$ 0.00 |
| 3. Total nonmonetary contributions received this period. | TOTAL \$ | \$ 1,850.00 |
| (Add Lines 1 and 2. Enter here and on the Summary Page Column A, lines 4 and 10.) | | |

***Contributor Codes**
IND – Individual
COM – Recipient Code
 (other than F)
OTH – Other (e.g.,
PTY – Political Party
SCC – Small Contrib

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-5377)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Reforming City Hall With Cari Devaic

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULED
CALIFORNIA FORM 460

from 07/01/2010

through 09/30/2010 Page 11 of 24

ID. NUMBER

1268914

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2010	San Diegans Against Government Waste - No on D Margaret A. Brennan	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Voter contact	\$500.00	\$10,494.23	
09/30/2010	San Diegans Against Government Waste - No on D C. April Boling, CPA (Reimb.)	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Doozhangers for Walk program	\$2,335.99	\$10,494.23	
09/30/2010	San Diegans Against Government Waste - No on D C. April Boling, CPA (Reimb.)	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Printing of postcards for walk program	\$204.24	\$10,494.23	
				SUBTOTAL \$	\$3,040.23	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)\$ 10,631.06
2. Unitemized contributions and independent expenditures made this period of under \$100\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)**TOTAL \$** \$10,631.06

**Schedule D
(Continuation Sheet)**
Summary of Expenditures
**Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED (CONT.)	
CALIFORNIA 460	
Statement covers period from <u>07/01/2010</u>	FORM
through <u>09/30/2010</u>	Page <u>13</u> of <u>24</u>

NAME OF FILER Reforming City Hall with Carl DeMaic	I.D. NUMBER 1268914	PER ELECTION TO DATE (IF REQUIRED)				
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2010	San Diegans Against Government Waste - No on D Mitchell W. Kalb	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Voter contact	\$325.00	\$10,494.23	
08/13/2010	San Diegans Against Government Waste - No on D Jess King	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Website development	\$400.00	\$10,494.23	
09/30/2010	San Diegans Against Government Waste - No on D David Peabody	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Voter contact	\$250.00	\$10,494.23	
09/30/2010	San Diegans Against Government Waste - No on D Diane Peabody	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Voter contact	\$500.00	\$10,494.23	
						SUBTOTAL \$ 1,475.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM	
from	<u>07/01/2010</u>	Page	<u>15</u> of <u>24</u>
through	<u>09/30/2010</u>	I.D. NUMBER	<u>1268914</u>
SCHEDULE D (CONT'D)			

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772) FPPC Form 460 (January/05)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re forming City Hall With Carl Dexai

SCHEDULE E	
CALIFORNIA FORM 460	
Statement covers period	CALIFORNIA FORM
from <u>01/01/2010</u>	through <u>09/30/2010</u>
Page <u>16</u> of <u>24</u>	
I.D. NUMBER	
<u>1266914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QVP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Steven Barthollow		Video	\$160.00
San Diego CA 92120	CTB	Voter contact - to oppose Proposition D	\$300.00
Margaret A. Brennan			
Chula Vista CA 91911	CTB	Postage - to oppose Proposition D	\$220.00
C. April Soling, CPA (Reimb.)			
San Diego CA 92119	CTB		
			SUBTOTAL \$ 880.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMio

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA 460
FORM**

Statement covers period from <u>07/01/2010</u>	through <u>09/30/2010</u>
	Page <u>17</u> of <u>24</u>

I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If Committee, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling, CPA (Reimb.)	CTB	Printing of postcards - to oppose Proposition D	\$204.24
San Diego CA 92119			
C. April Boling, CPA (Reimb.)	CTB	Printing of doorhangers - to oppose Proposition D	\$2,335.99
San Diego CA 92119			
Competitive Edge Research & Communication, Inc.	CTB	Poll - to oppose Proposition D	\$1,900.00
San Diego CA 92101			
CompleteCampaigns.com	OFC		\$1.88
San Diego CA 92123			
CompleteCampaigns.com	OFC		\$61.88
San Diego CA 92123			
SUBTOTAL \$	54,503.99		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMaio

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from <u>07/01/2010</u>
through <u>09/30/2010</u>

Page 18 of 24

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MNR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC			\$17.63
San Diego CA 92123	OFC			\$37.50
CompleteCampaigns.com	OFC			\$45.00
San Diego CA 92123	OFC			\$28.13
CompleteCampaigns.com	OFC			\$1.88
San Diego CA 92123	OFC			
San Diego CA 92123	OFC			
San Diego CA 92123	OFC			
Subtotal \$				\$130.14

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

Type or print in Ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMaio

SCHEDULE E (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2010</u>	through <u>09/30/2010</u>
	Page <u>19</u> of <u>24</u>

I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan Garcia	CTB	Voter contact - to oppose Proposition D	\$325.00
San Diego CA 92101			
Mitchell W. Kaitt	CTB	Voter contact - to oppose Proposition D	\$325.00
San Diego CA 92108			
Jess King	CTB	Website development - to oppose Proposition D	\$400.00
San Diego CA 92129			
Lysa Ray Campaign Services	PRO		\$150.00
Santa Ana CA 92705			
Tysa Ray Campaign Services	PRO		\$402.75
Santa Ana CA 92705			
SUBTOTAL \$			\$1,602.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMaio

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QNP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PEI	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lysa Ray Campaign Services	2RO			\$525.00
Santa Ana CA 92705				
David Peisocdy	CTB		Voter contact - to oppose Proposition D	\$250.00
Poway CA 92064				
Diane Peisocdy	CTB		Voter contact - to oppose Proposition D	\$500.00
Poway CA 92064				
Jeff Powell	CTB		Consulting - to oppose Proposition D	\$136.83
San Diego CA 92128				
William Rodriguez	CTB		Consulting - to oppose Proposition D	\$580.00
San Diego CA 92110				
			SUBTOTAL \$	\$1,991.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460	
Statement covers period from <u>07/31/2010</u>	Page <u>21</u> of <u>24</u>
through <u>09/30/2010</u>	I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)	OFC office expenses
CVC civic donations	PEI petition circulating
FIL candidate filing/ballot fees	TEL phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads
	RAD radio airtime and production costs
	RFD returned contributions
	SAL campaign workers' salaries
	TEL t.v. or cable airtime and production costs
	TRC candidate travel, lodging, and meals
	TRS staff/spouse travel, lodging, and meals
	TSF transfer between committees of the same candidate/sponsor
	VOT voter registration
	WEB information technology costs (internet, e-mail)

- Payments that are contributions or independent expenditures must also be summarized on Schedule D.

EPPC Form A60 (January/05)

EPPC Toll-Free HelpLine: 866/ASK-EPPC (866/275-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

SCHEDULE F

**CALIFORNIA
FORM
460**

Statement covers period from <u>07/01/2010</u>	through <u>09/30/2010</u>	Page <u>22</u> of <u>24</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OVP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MIG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

**NAME AND ADDRESS OF CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

C. April Boling	PRO	(a) CODE OR PAYMENT DESCRIPTION OF PAYMENT	(b) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(c) AMOUNT INCURRED THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
-----------------	-----	--	---	---	--

San Diego CA 92119	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Jeff Powell	CTB Consulting - to oppose Proposition D	\$136.83	\$0.00	\$136.83	\$0.30
San Diego CA 92128	PRO	\$525.00	\$0.00	\$525.00	\$0.00
Lysa Ray Campaign Services	PRO				
Santa Anna CA 92705	PRO				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$661.83\$	\$1,000.00 \$	\$661.83 \$	\$1,000.00
--	---------------------	------------	---------------	-------------	------------

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** \$1,050.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAD TOTALS \$** \$821.83
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** \$228.17

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Section E

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

NAME OF FILER Reformed City Hall With Earl Demario

CODES: If one of the following codes accurately describes the payment, you may enter	
CNP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and mailing
PRO	professional services (legals)
PRT	print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Statement covers period from <u>01/01/2010</u>		CALIFORNIA 460 FORM	Page <u>23</u> of <u>24</u>
through <u>09/30/2010</u>		I.D. NUMBER <u>1268914</u>	

SCHEDULE F (CONT.)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

CODES: If one of the following codes accurately describes the payment, you may enter	
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearance
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and mailing
PRO	professional services (legal)
PRT	print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

***Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or**

* Do not transfer to any other schedule or to the Sub-independent contractor as reported on Schedule F.

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/259-3772)

FPPC Form 460 (January/05)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
460

CALIFORNIA FORM	
Date Stamp	Page <u>1</u> of <u>12</u> For Official Use Only
Statement covers period from <u>10/01/2010</u> through <u>10/15/2010</u> Date of election if applicable: (Month, Day, Year) <u>11/02/2010</u>	
SEE INSTRUCTIONS ON REVERSE	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
ReForming City Hall With Carl DeMato

I.D. NUMBER
1268914

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	18581 217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

C. April Boling, CPA
MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	619 713-6888

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/21/2010 By C. April Boling, CPA
Date

Executed on 10/21/2010 By Carl DeMato
Date

Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date

Executed on By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 855/ASK-FPPC (866/275-9772)
State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

**CALIFORNIA 460
FORM**

Page 2 of 12

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Carl Dekaiio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL Member, San Diego District: 5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Diego CA 92101

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME
Committee for City Council 2012
I.D. NUMBER
1297380

CONTROLLED COMMITTEE?

YES NO

NAME OF TREASURER
C. April Boling, CPA
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92119 (858) 217-6112

COMMITTEE NAME

I.D. NUMBER
NAME OF OFFICERHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF TREASURER
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF OFFICERHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICERHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ReForming City Hall With Carl Demario

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>10/01/2010</u>	through <u>10/16/2010</u>	Page <u>3</u> of <u>12</u>
		I.D. NUMBER <u>1268914</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ <u>\$1,330.00</u>	\$ <u>\$118,825.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ <u>\$0.00</u>	\$ <u>\$50,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>\$1,330.00</u>	\$ <u>\$168,825.00</u>	20. Contributions Received \$ <u>\$0.00</u> \$ <u>\$0.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>\$200.00</u>	\$ <u>\$6,693.38</u>	21. Expenditures Made \$ <u>\$0.00</u> \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>\$1,530.00</u>	\$ <u>\$175,518.38</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>\$1,024.38</u>	\$ <u>\$162,806.79</u>	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 3 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>\$1,024.38</u>	\$ <u>\$162,806.79</u>	Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>\$1,875.00</u>	\$ <u>\$2,925.00</u>	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>\$200.00</u>	\$ <u>\$6,693.38</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>\$3,099.38</u>	\$ <u>\$172,425.17</u>	
Current Cash Statement			To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$12,791.50</u>		
13. Cash Receipts	Column A, Line 3 above \$ <u>\$1,330.00</u>	\$ <u>\$0.00</u>	*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>\$1,024.38</u>		
15. Cash Payments	Column A, Line 8 above \$ <u>\$13,097.12</u>		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>\$0.00</u>		If this is a termination statement, Line 16 must be zero.
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>\$0.00</u>		
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse \$ <u>\$0.00</u>		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$52,925.00</u>		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ReForming City Hall With Carl DeMato

Statement covers period from <u>10/01/2010</u>	through <u>10/16/2c10</u>
Page <u>4</u> of <u>12</u>	

		ID. NUMBER <u>1268914</u>
--	--	------------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2010	Dwight Fileley La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$500.00	\$500.00	\$500.00
10/05/2010	John Keating San Diego CA 92129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Traffic Engineer LLG Engineers	\$100.00	\$100.00	\$100.00
10/03/2010	Susan Lowe San Diego CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Registered Nurse San Diego Blood Bank	\$300.00	\$300.00	\$300.00
10/03/2010	Karen Senn San Diego CA 92119-1776	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$100.00	\$100.00
10/03/2010	James Westwood San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$200.00	\$200.00	\$200.00
				SUBTOTAL \$	\$1,200.00	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$1,200.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ \$130.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ \$1,330.00**

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/259-3772)

Schedule B – Part 1

Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (**Subtract Line 2 from Line 1.**)
Enter the net here and on the Summary Page, Column A, Line 2.

***Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required**

• If required.

Module A.)

\$ 0.00 \$ 0.00
 (Negative number)

\$ \$
NET \$

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>10/01/2010</u>	through <u>10/16/2010</u>
Page <u>6</u> of <u>12</u>	
I.D. NUMBER <u>1268314</u>	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT, FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
0/16/2010	Republican Party of San Diego County (#741949)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Use of office space			
	San Diego CA 92119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- 1. Amount received this period – itemized nonmonetary contributions.**
(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contribution

3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the **Summary Page**, Column

Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME DE EH EB

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER, AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1- DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/2010	San Diegans Against Government Waste - No on D Margaret A. Brennan	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Voter contact	\$625.00	\$13,369.23	
10/16/2010	San Diegans Against Government Waste - No on D Ankur Chawla	<input type="checkbox"/> Voter contact		\$250.00	\$13,369.23	
10/16/2010	San Diegans Against Government Waste - No on D Chris Eager	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Voter contact	\$250.00	\$13,369.23	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				SUBTOTAL \$
						\$1,125.00

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 52,875.00

2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 50.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ 52,875.00

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

CALIFORNIA FORM
460

SCHEDULED (CONT.)

NAME OF FILER Reforming City Hall with Cari DeMajo	Statement covers period from <u>10/01/2010</u> through <u>10/16/2010</u>	Page <u>8</u> of <u>12</u>
---	--	----------------------------

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/15/2010	San Diegans Against Government Waste - No on D Diane Peashody	<input type="checkbox"/> Monetary <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$625.00	\$13,359.23	
10/16/2010	San Diegans Against Government Waste - No on D Marcus Strum	<input type="checkbox"/> Monetary <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$125.00	\$13,359.23	
10/16/2010	San Diegans Against Government Waste - No on D Jonathon Taliancon	<input type="checkbox"/> Monetary <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$500.00	\$13,359.23	
10/16/2010	San Diegans Against Government Waste - No on D Alex Thomas	<input type="checkbox"/> Monetary <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Nonmonetary <input type="checkbox"/> Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$500.00	\$13,359.23	
				SUBTOTAL \$	\$1,750.00	

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule E		CALIFORNIA FORM	460
Statement covers period from <u>10/01/2010</u>		through <u>10/16/2010</u>	Page <u>9</u> of <u>12</u>
Type or print in ink. Amounts may be rounded to whole dollars.			I.D. NUMBER <u>1266314</u>
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER ReForming City Hall With Carl DeMaio			

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	NBR	member communications
CNS	campaign consultants	MTC	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
	candidate filing/ballot fees	PHO	phone banks
	fundraising events	POL	polling and survey research
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
	legal defense	PRO	professional services (legal, accounting)
	campaign literature and mailings	PRT	print ads
RAD	radio airtime and production costs		
RFD	returned contributions		
SAL	campaign workers' salaries		
TEL	t.v. or cable airtime and production costs		
TRC	candidate travel, lodging, and meals		
TRS	staff/spouse travel, lodging, and meals		
TSF	Transfer between committees of the same candidate/sponsor		
VOT	voter registration		
WEB	information technology costs (internet, e-mail)		

• Requirements about independent contributions must also be summarized on Schedule D.

Schedule E Summary

- | | |
|---|---------------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u> 1,000.00 </u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u> 24.38 </u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u> 0.00 </u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | \$ <u> 1,024.38 </u> |
| TOTAL | \$ <u> 1,024.38 </u> |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

NAME OF FILER Reforming City Hall with Cari DeMao
SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460	
Statement covers period from <u>10/01/2010</u>	Page <u>10</u> of <u>12</u>
through <u>10/16/2010</u>	I.D. NUMBER <u>1268514</u>

CODES: If one of the following codes accurately describes your campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CNP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MRC	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and related expenses
TRS	staff/spouse travel, lodging, and related expenses
TSF	transfer between committees
VOT	voter registration
WEB	information technology costs (internet, etc.)

* Payments that are contributions or independent expenditures must also be

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 2,875.00**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 1,000.00**

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, line 9.) **NET \$ \$1,875.00**

May be a negative number

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/259-3772)

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

460

CALIFORNIA FORM

Statement covers period
from 1C/01/2010
through 1C/15/2010

Page 11 of 12

NAME OF FILER
ReForming City Hall with Carl DeMato

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chris Eager Fullerton CA 92831	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$0.00	\$250.00	\$0.00	\$250.00
Diane Peabody Poway CA 92064	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$0.00	\$625.00	\$0.00	\$625.00
Jonathon Talacon Bonita CA 91902	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$0.00	\$500.00	\$0.00	\$500.00
Marcus Sturm San Diego CA 92117	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$0.00	\$125.00	\$0.00	\$125.00
SUBTOTALS \$	\$0.00 \$	\$1,500.00 \$		\$0.00 \$	\$1,500.00

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

CALIFORNIA FORM 460

CALIFORNIA FORM 460	
Statement covers period from <u>10/01/2010</u>	Page <u>12</u> of <u>12</u>
through <u>10/16/2010</u>	I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment	MBR MTG OFC PET PHO POL POS PRO PRT	membr meetin office petiti phone politi postca profes print a
CMP campaign paraphernalia/misc.		
CNS campaign consultants		
CTB contribution (explain nonmonetary)*		
CVC civic donations		
FIL candidate filing/ballot fees		
FND fundraising events		
IND independent expenditure supporting/opposing others (explain)*		
LEG legal defense		
LIT campaign literature and mailings		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

460

CALIFORNIA
FORM

Date Stamp

Statement covers period from <u>10/17/2010</u>	Date of election if applicable: (Month, Day, Year)
through <u>12/31/2010</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

I.D. NUMBER
1268914

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ReForming City Hall with Carl DeMaio

2. Type of Statement:

- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

4. Verification:

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2011 By C. April Boiling, CPA
Date _____ Signature of Treasurer or Assistant Treasurer

Executed on 01/24/2011 By Carl DeMaio
Date _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date _____

Executed on _____ By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date _____

Executed on _____ By Signature of Controlling Officeholder, Candidate, State Measure Proponent
Date _____

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 855/ASK-FPPC (866/275-3772)
State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

CALIFORNIA FORM 460

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
Carl DeMaio Held: City Council Member City San Diego 5		BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	DISTRICT NO. IF ANY
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY San Diego CA 92101		STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD			
COMMITTEE NAME Carl DeMaio for City Council 2012 (TERMINATED)		I.D. NUMBER 1297980	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER C. April Boiling CPA		STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS San Diego		STATE CA	ZIP CODE 92119	AREA CODE/PHONE (858) 217-6112	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS		I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY		STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<i>Attach continuation sheets if necessary</i>					

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Refining City Hall Witch Carr: Detainio

**SUMMARY PAGE
CALIFORNIA 460**

Statement covers period from <u>10/17/2010</u>	through <u>12/31/2010</u>	Page <u>3</u> of <u>17</u>
---	---------------------------	----------------------------

1. NAME OF FILER Refining City Hall Witch Carr: Detainio	2. STATEMENT NUMBER 1268914
---	--------------------------------

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES;

1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 7,200.00	\$ 7,200.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 0.00	\$ 50,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 7,200.00	\$ 176,025.00
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0.00	\$ 6,691.38
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 7,200.00	\$ 182,718.38

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 19,505.34	\$ 182,312.13
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 19,505.34	\$ 182,312.13
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	-\$2,424.60	\$500.40
10. Nonmonetary Adjustment	<i>Schedule G, Line 3</i>	\$ 0.00	\$ 6,691.38
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 17,080.74	\$ 189,505.91

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 13,097.12	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	<i>Column A, Line 3 above Schedule I, Line 4</i>	\$ 7,200.00	
14. Miscellaneous Increases to Cash	<i>Column A, Line 8 above Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$14,575.00	
15. Cash Payments	<i>Column A, Line 8 above Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$19,505.34	
16. ENDING CASH BALANCE		\$15,366.78	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0.00	
18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0.00	
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 50,500.40	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772)

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl Demaic

SCHEDULE A CALIFORNIA **460** FORM

Statement covers period from <u>10/17/2010</u>	through <u>12/31/2010</u>	Page <u>4</u> of <u>17</u>
---	---------------------------	----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If required)
10/30/2010	Eric Johnson Rancho Santa Fe CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self - Eric Johnson	\$1,000.00	\$1,000.00	
10/25/2010	Katherine McHenry Rancho Santa Fe CA 92091	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$100.00	\$200.00	
12/15/2010	Mobile Homes Acceptance Corp San Diego CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
10/17/2010	Davida Nuffer San Diego CA 92107-4222	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Nuffer Smith Tucker	\$100.00	\$200.00	
12/13/2010	Ocean Bluffs Mobile Home Estates San Diego CA 92107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
				SUBTOTAL \$	\$6,200.00	

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7,200.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) **TOTAL \$ 7,200.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Monetary Contributions Received		CALIFORNIA FORM 460					
		Statement covers period from <u>10/17/2010</u> through <u>12/31/2010</u>		Page <u>5</u> of <u>17</u>			
NAME OF FILER		I.D. NUMBER <u>1268914</u>					
Reforming City Hall With Carl DeMaio.							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
12/14/2010	Mr. Keith S Rhodes San Diego CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner: Rhodes Properties	\$1,000.00	\$1,000.00	\$1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input					

*Contributor Codes
IND - Individual
COM - Recipient Code
(other than F)
OTH - Other (e.g., H)
PTY - Political Party
SCC - Small Contribution

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Reclaiming City Hall With Carl DeMaio

Type or print in ink.
Amounts may be rounded
to whole dollars.

Amounts may be rounded to whole dollars.

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (**Subtract Line 2 from Line 1.**)
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

• If required.

†Contributor Codes
IND – Individual
COM – Recipient Co.
(other than)
OTH – Other (e.g.,
PTY – Political Party
SCC – Small Contrib

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (January/05)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMaic

SCHEDULED
CALIFORNIA FORM 460

from 10/17/2010

through 12/31/2010

Page 7 of 17

I.D. NUMBER

1268914

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER, AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/05/2010	San Diegans Against Government Waste - No on D Margaret A. Bernau:	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$500.00	\$15,993.30	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
11/05/2010	San Diegans Against Government Waste - No on D Ankur Chawla	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$375.00	\$15,993.30	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
11/05/2010	San Diegans Against Government Waste - No on D Chris Eager	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure	Voter contact	\$425.00	\$15,993.30	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				
				SUBTOTAL \$	\$1,300.00	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 52,624.07
2. Unitemized contributions and independent expenditures made this period of under \$100 \$ \$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$ \$2,624.07**

**Schedule D
(Continuation Sheet)**
**Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 10/17/2010
 through 12/31/2010

Page 2 of 17

NAME OF FILER
 Reforming City Hall With Carl DeMato

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/05/2010	San Diegans Against Government Waste - No on D Diane Peabody	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Supplies re voter contact	\$443.07	\$15,993.30	
11/05/2010	San Diegans Against Government Waste - No on D Diane Peabody	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Voter contact	\$500.00	\$15,993.30	
11/05/2010	San Diegans Against Government Waste - No on D Marcus Sturm	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Voter contact	\$375.00	\$15,993.30	
						SUBTOTAL \$
						\$1,324.07

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMaio

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
INP	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling	PRO			\$500.00
San Diego CA 92119	PRO			\$250.00
C. April Boling	PRO			\$625.00
San Diego CA 92119	CTB	Voter contact (See Schedule F)		
Margaret A. Brennan				
Chula Vista CA 91911				
				SUBTOTAL \$
				\$1,375.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ ____ 19,443.07
2. Unitemized payments made this period of under \$100 \$ ____ 62.27
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ ____ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** ____ 19,505.34

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Referring City Hall with Cazl Dehainic

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SCHEDULE E (CONT.)
CALIFORNIA FORM 460**

Statement covers period from <u>10/17/2010</u>	through <u>12/31/2010</u>	Page <u>10</u> of <u>17</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Margaret A. Brennan	CTB	Voter Contract - to oppose San Diegans Against Government Waste - No on D (ID# 1329881)	\$500.00
Chula Vista CA 91911			
Ankur Chawla	CTB	Voter contact (See Schedule E)	\$250.00
San Diego CA 92121			
Ankur Chawla	CTB	Voter contact - to oppose San Diegans Against Government Waste - No on D (ID# 1329881)	\$375.00
San Diego CA 92121			
Competitive Edge Research & Communication, Inc.	POL		\$12,500.00
San Diego CA 92101			
CompleteCampaigns.com	OFC		\$45.00
San Diego CA 92123			
SUBTOTAL \$			\$13,670.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall with Carol DeMajo

SCHEDULE E (CONT.)

CALIFORNIA FORM 460	
Statement covers period	from <u>10/17/2010</u>
	through <u>12/31/2010</u>
	Page <u>11</u> of <u>17</u>
	I.D. NUMBER
	<u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)
 CVC civic donations
 FIL candidate filing/ballot fees
 RND fundraising events
 ND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications	RAD radio airtime and production costs
MTG meetings and appearances	RFD returned contributions
OFC office expenses	SAL campaign workers' salaries
PET petition circulating	TEL t.v. or cable airtime and production costs
PHO phone banks	TRC candidate travel, lodging, and meals
POL polling and survey research	TRS staff/spouse travel, lodging, and meals
POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
PRO professional services (legal, accounting)	VOT voter registration
PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CompleteCampaigns.com	OFC			\$75.00
San Diego CA 92123				
Chris Eager	CTB	Voter contact (See Schedule E)		\$250.00
Fullerton CA 92831				
Chris Eager	CTB	Voter contact - to oppose San Diegans Against Government Waste - No on D (ID# 139881)		\$425.00
Fullerton CA 92831				
Felipe Montolio	POS			\$224.30
San Diego CA 92131				
Diane Peacocky	CTB			\$449.07
Zoway CA 92064				
Supplies re voter contact - to oppose San Diegans Against Government Waste - No on D (ID# 1329881)				
SUBTOTAL \$	\$1,423.07			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/287-3772)

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Refining City Hall with Carl DeSario

CALIFORNIA FORM 460		Statement covers period from <u>10/17/2010</u> through <u>12/31/2010</u> Page <u>12</u> of <u>17</u>			
		I.D. NUMBER <u>12568914</u>			
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LTR campaign literature and mailings					
NAME AND ADDRESS OF PAYEE (if committee, also enter I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		
Diane Peabody	CTB	Voter contact (See Schedule F)	\$625.00		
Poway CA 92064					
Diane Peabody	CIB	Voter contact - to oppose San Diegans Against Government Waste - No on D [I.D. 1323881]	\$500.00		
Poway CA 92064					
Statecraft, Inc.	OFC		\$50.00		
La Jolla CA 92037					
Statecraft, Inc.,	OFC		\$50.00		
La Jolla CA 92037					
Marcus Sturm	CNS		\$250.00		
San Diego CA 92117					
SUBTOTAL \$			\$1,475.00		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE F

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl Demario

CALIFORNIA FORM 460

Statement covers period
from 10/17/2010
through 12/31/2010

Page 14 of 17

I.D. NUMBER
1265914

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Alex Thomas	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$500.00	\$0.00	\$500.00	\$0.00
San Diego CA 92119	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$250.00	\$0.00	\$250.00	\$0.00
Ankur Chawla	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$250.00	\$0.00	\$250.00	\$0.00
Chris Eager	CTB Voter contact to oppose San Diegans Against Government Waste - No on D	\$135.00	\$0.00	\$135.00	\$0.00
Fullerton CA 92831					
SUBTOTALS \$	\$1,000.00 \$	\$155.00	\$1,000.00 \$	\$135.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** \$500.40
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100) **PAID TOTALS \$** \$2,925.00
- Net change this period. (**Subtract Line 2 from Line 1.** Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -\$2,424.60
May be a negative number

FPPC Form 460 (January/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

NAME OF FILER
ReForming City Hall With Carl DeMario

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
ND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON B)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Diane Peabody Poway CA 92064	CTS Voter contact to oppose San Diegans Against Government Waste - No on D	\$625.00	\$0.00	\$625.00	\$0.00
Felipe Monroe San Diego CA 92131	POS	\$0.00	\$365.40	\$0.00	\$365.40
Jonathon Talancón Bonita CA 91902	CTS Voter contact to oppose San Diegans Against Government Waste - No on D	\$500.00	\$0.30	\$500.00	\$0.00
Marcus Strum San Diego CA 92117	CTS Voter contact to oppose San Diegans Against Government Waste - No on D	\$125.00	\$0.00	\$125.00	\$0.00
	SUBTOTALS \$	\$1,250.00 \$	\$165.40 \$	\$1,250.00 \$	\$365.40

SCHEDULE F (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 10/17/2010
through 12/31/2010

Page 15 of 17
I.D. NUMBER
1268914

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	
Type or print in ink. Amounts may be rounded to whole dollars.	
CALIFORNIA FORM 460	Statement covers period from <u>10/07/2010</u> through <u>12/31/2010</u>
Page <u>16</u> of <u>17</u>	
I.D. NUMBER <u>1268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter	
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearance
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and mailing
PRO	professional services (legals)
PRT	print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Toll-Free Helpline: 866ASK-FPPC (8666275-3772)
FPPC Form 460 (January/05)

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Refactoring City Hall with Carl DeMaio

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- | | | |
|---|-----------------|--------------------|
| 1. Itemized increases to cash this period | \$ | \$14,500.00 |
| 2. Unitemized increases to cash of under \$100 this period | \$ | \$75.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) | \$ | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) | TOTAL \$ | \$14,575.00 |

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

CALIFORNIA FORM 460

Page 2 of 1.

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Carl DeMaio		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: City Council Member San Diego D5		BALLOT NO. OR LETTER	JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Diego CA 92101		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
		Identify the controlling officeholder, candidate, or state measure proponent, if any: NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	
COMMITTEE NAME Carl DeMaio for Mayor 2012	I.D. NUMBER 1334720	CONTROLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TREASURER C. April Boiling, CPA	STREET ADDRESS (NO P.O. BOX)		
COMMITTEE ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE San Diego CA 92119 (888) 254-5078	I.D. NUMBER		
COMMITTEE NAME NAME OF TREASURER NAME OF TREASURER COMMITTEE ADDRESS	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Attach continuation sheets if necessary			

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>01/31/2011</u>	through <u>06/30/2011</u>	Page <u>3</u> of <u>11</u>
---	---------------------------	----------------------------

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ <u>700.00</u>	\$ <u>700.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>50,000.00</u>	\$ <u>100,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>50,700.00</u>	\$ <u>100,700.00</u>	20. Contributions Received \$ <u>50.00</u> \$ <u>50.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	21. Expenditures Made \$ <u>50.00</u> \$ <u>50.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>50,700.00</u>	\$ <u>100,700.00</u>	
Expenditures Made				Expenditure Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	\$ <u>517,864.50</u>	\$ <u>517,866.50</u>	
7. Loans Made	Schedule H, Line 3	\$ <u>50.00</u>	\$ <u>50.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>517,864.50</u>	\$ <u>517,866.50</u>	22. Cumulative Expenditures Made* (*Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>-500.40</u>	\$ <u>50.00</u>	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>50.00</u>	\$ <u>50.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>517,364.10</u>	\$ <u>517,866.50</u>	
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>515,366.78</u>		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>50,700.00</u>		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>310.00</u>		
15. Cash Payments	Column A, Line 8 above	\$ <u>517,864.50</u>		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>548,512.28</u>		
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>		
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse	\$ <u>50.00</u>		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>\$100,000.00</u>		

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule A Summary

- Part A Summary**

 1. Amount received this period – itemized monetary contributions.
(include all Schedule A subtotals)
 2. Amount received this period – unitemized monetary contribution
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Col.

- *Contributor Codes
- IND - Individual
- COM - Recipient Code (other than F)
- OTH - Other (e.g., I)
- PTY - Political Party
- SCC - Small Contrib

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/255-3772)

Schedule B – Part 1

Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

-Amounts for
• If required.

*Amounts forgiven or paid by another body when used to convert an S corporation A

Schedule B Summary

1. Loans received this period
 (Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)

(Enter (e) on
Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Company
(Other than P)
OTH – Other (e.g., b)
PTY – Political Party
SCC – Small Contrib.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-3772)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTITUTIONS ON REVERSE

NAME OF FILER Reformatting City Hall with Carl Devaia

SUMMARY OF EXPENDITURES	
SUPPORTING/OPPONENT OTHER CANDIDATES, MEASURES AND COMMITTEES	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER Reforming City Hall with Carl DeMaio	
Type or print in ink. Amounts may be rounded to whole dollars.	
STATEMENT COVERS PERIOD from <u>01/01/2011</u> through <u>06/30/2011</u>	
CALIFORNIA FORM 460	
Page <u>6</u> of <u>11</u> I.D. NUMBER <u>1266914</u>	

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE (JAN. 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/05/2011	City Comprehensive Pension Reform for San Diego TBD City of San Diego	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$10,000.00	\$15,000.00	
04/22/2011	City Comprehensive Pension Reform for San Diego TBD City of San Diego	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$5,000.00	\$15,000.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Subtotal:
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ \$15,000.00
 2. Unitemized contributions and independent expenditures made this period of under \$100 \$ \$0.00
 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ \$15,000.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Referring City Hall With Carl DeMato

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

AMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MFG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	FRT	print ads

CODES:

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	tv. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling	PRO			\$500.00
San Diego CA 92119	PRO			\$250.00
C. April Boling	PRO			\$250.00
San Diego CA 92119	PRO			\$250.00
C. April Boling	PRO			\$250.00
San Diego CA 92119				\$1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____ \$17,634.90
- Unitemized payments made this period of under \$100 \$ _____ \$229.60
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____ \$0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____ \$17,864.50**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl DeMato

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>01/01/2011</u>	through <u>06/30/2011</u>	Page <u>8</u> of <u>11</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.			
CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	F+O	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	QR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boiling	PRO			\$250.00
San Diego CA 92119				
C. April Boiling	PRO			\$250.00
Clinton Soffer for Chair			Contribution	\$250.00
Ryan Clumpner			Reimbursement - lectern	\$129.50
San Diego CA 92101				
Comprehensive Pension Reform for San Diego (#1335733)	CTB			\$10,000.00
San Diego CA 92119				
SUBTOTAL \$				\$11,079.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule E (Continuation Sheet) Payments Made		SEE INSTRUCTIONS ON REVERSE
Type or print in ink. Amounts may be rounded to whole dollars.		
Statement covers period from <u>01/01/2011</u> through <u>06/30/2011</u>		CALIFORNIA FORM 460
		Page <u>9</u> of <u>11</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.			
CODE	DESCRIPTION OF PAYMENT	CODE OR	AMOUNT PAID
CMP	campaign paraphernalia/misc.	MBR	radio airtime and production costs
CNS	campaign consultants	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	SAL	campaign workers' salaries
CVC	civic donations	TEL	t.v. or cable airline and production costs
FIL	candidate filing/ballot fees	TRC	candidate travel, lodging, and meals
FND	fundraising events	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	VOT	voter registration
LIT	campaign literature and mailings	WEB	information technology costs (internet, e-mail)
<hr/>			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Comprehensive Pension Reform For San Diego (#1335733)	CIB		\$5,000.30
San Diego CA 92119		Voter contact	
Chris Eager			\$55.00
Fullerton CA 92831			
Chris Eager		Voter contact	
Fullerton CA 92831			\$135.00
Felipe Monroig		Travel reimbursement	\$365.40
San Diego CA 92131			
<hr/>			
SUBTOTAL			\$ 0.00

Payments that are contributions or independent expenditures must also be summarized on Schedule B.

סבבון אירן 333.40

FPPC Form 460 (January/05)

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall with Carl Demario

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2011</u>	through <u>06/30/2011</u>
Page <u>10</u>	of <u>11</u>
I.D. NUMBER <u>1268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	[a] OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	[b] AMOUNT INCURRED THIS PERIOD	[c] AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	[d] OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Chris Eager	See Schedule E for codes or descriptions.	\$135.00	\$0.00	\$135.00	\$0.00
Fullerton CA 92831	See Schedule E for codes or descriptions.				
Felipe Monroy	See Schedule E for codes or descriptions.	\$365.40	\$0.00	\$365.40	\$0.00
San Diego CA 92131					

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$	\$ 500.40 \$	\$ 0.00 \$	\$ 500.40 \$	\$ 0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ \$0.00**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ \$500.40**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ -\$500.40**

May be a negative number
 FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I	CALIFORNIA FORM 460
Statement covers period	01/01/2011

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- | | | |
|--|-----------------------|-----------------|
| 1. Itemized increases to cash this period | \$ | \$310.00 |
| 2. Unitemized increases to cash of under \$100 this period | \$ | \$0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e)) | \$ | \$0.00 |
| 4. Total miscellaneous increases to cash this period (Add Lines 1, 2, and 3. Enter here and on the Summary Page. Line 14.) | TOTAL \$ | \$310.00 |

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/277-3772)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

E-filed on: 01/31/2012 10:46:21

SEE INSTRUCTIONS ON REVERSE

Date Stamp CALIFORNIA FORM
460

COVER PAGE

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>	Date of election if applicable: (Month, Day, Year)
---	---------------------------	---

Page <u>1</u> of <u>28</u>
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- Sponsored (Also Complete Part 5)
- Controlled
- Sponsored (Also Complete Part 6)
- General Purpose Committee
- Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

I.D. NUMBER
1268914

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Reforming City Hall with Carl DeMato

STREET ADDRESS (NO P.O. BOX)
CITY San Diego STATE CA ZIP CODE 92119 AREA CODE/PHONE (858) 217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

C. April Boiling

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

SAN DIEGO NAME OF ASSISTANT TREASURER, IF ANY
CITY San Diego STATE CA ZIP CODE 92119 AREA CODE/PHONE (619) 715-6698

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify that the foregoing is true and correct.

- | | |
|--|---|
| Executed on <u>01/31/2012</u>
By _____
Date _____ | By _____
Signature of Treasurer or Assistant Treasurer
C. April Boiling |
| Executed on <u>01/31/2011</u>
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder or Responsible Officer or Sponsor
Carl DeMato | By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder
C. April Boiling |
| Executed on _____
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder
Reforming City Hall with Carl DeMato | By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder
Reforming City Hall with Carl DeMato |
| Executed on _____
By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-3772) | By _____
Signature of Controlling Officer/Holder, Candidate, State Measure Propounder
FPPC Form 780 (January 95)
State of California |

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

CALIFORNIA FORM 460

Page 2 of 26

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Carl DeMaio	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: City Council Member District 5 City of San Diego	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE ZIP San Diego CA 92101

6. Primarily Formed Ballot Measure Committee	
NAME OF BALLOT MEASURE Identify the controlling officeholder, candidate, or state measure proponent, if any.	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	
COMMITTEE NAME	I.D. NUMBER
Carl DeMaio for Mayor 2012	1334720
NAME OF TREASURER C. April Boling, CPA	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY San Diego	STATE ZIP CODE AREA CODE/PHONE CA 92119 888-254-5078
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE	
CALIFORNIA 460	
NAME OF FILER	Reforming City Hall with Carl DeMaio
SEE INSTRUCTIONS ON REVERSE	
Statement covers period	from <u>07/01/2011</u>
	through <u>12/31/2011</u>
	Page <u>3</u> or <u>28</u>
	I.D. NUMBER <u>1266914</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running In Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ <u>581,620.00</u>	\$ <u>582,320.00</u>	1/1 through 6/30
2. Loans Received	Schedule B, Line 3	\$ <u>5100,000.00</u>	\$ <u>200,000.00</u>	7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>5181,620.00</u>	\$ <u>5282,320.00</u>	
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>375.00</u>	\$ <u>375.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>5181,995.00</u>	\$ <u>5282,695.00</u>	
Expenditures Made				Expenditure Limit Summary for State Candidates
6. Payments Made	Schedule E, Line 4	\$ <u>60,494.84</u>	\$ <u>78,355.34</u>	
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>60,494.84</u>	\$ <u>78,355.34</u>	22. Cumulative Expenditures Made* (If subject to voluntary expenditure limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>382.50</u>	\$ <u>382.50</u>	Date of Election (In/Off/Ddy)
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>375.00</u>	\$ <u>375.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>61,252.34</u>	\$ <u>79,116.84</u>	
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>548,512.28</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
13. Cash Receipts	Column A, Line 3 above	\$ <u>5181,620.00</u>		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>50.00</u>	"Amounts in this section may be different from amounts reported in Column B.	
15. Cash Payments	Column A, Line 8 above	\$ <u>60,494.84</u>		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5169,637.44</u>		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>		
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse.	\$ <u>0.00</u>		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>200,382.50</u>	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772)	

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ReForming City Hall with Carl Demario

SCHEDULE A
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>	Page <u>4</u> of <u>28</u>
---	---------------------------	----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter ID Number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If required)
10/27/2011	Affirmed Housing Group San Diego CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/27/2011	AMYT Inc. La Mesa CA 91942	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
09/06/2011	ATLAS PAC (41279586) Sacramento CA 95833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
12/06/2011	Atomic Investments Inc. National City CA 91950	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
12/07/2011	Bashar Bazzi El Cajon CA 92019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	System Tech ATT	\$500.00	\$500.00	
						SUBTOTAL \$
						\$3,250.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$61,425.00
2. Amount received this period – unitIALIZED monetary contributions of less than \$100 \$ \$195.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ \$61,620.00**

*Contributor Codes

IND – Individual
COM – Recipient Committees
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

PPC Form 460 (January/05)
PPC Toll-Free Helpline: 866/ASK-PPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)	
CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>
Page <u>5</u>	of <u>26</u>

NAME OF FILER <i>Referring City Hall with case 1 Denial</i>	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <i>(if committee, also enter I.D. number)</i>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <i>(if self-employed, enter name of business)</i>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <i>(Jan. 1 - Dec. 31)</i>	PER ELECTION TO DATE <i>(if required)</i>	ID NUMBER <i>1269914</i>
	11/29/2011	Bergelectric Corp. Contractors & Engineers Escondido CA 92029	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A	\$5,000.00	\$5,000.00	\$5,000.00	
	12/07/2011	Bernardo Summit LLC San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00		\$10,000.00	
	10/10/2011	Allan Burnham Arlington VA 22201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant: Jefferson Consulting Group LLC	\$1,000.00	\$1,000.00	\$1,000.00	
	11/29/2011	Carlson Plastering Inc. Norco CA 92860	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00	
	09/28/2011	Brian Caster San Diego CA 92120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Caster Properties Inc.	\$5,000.00		\$10,000.00	
								SUBTOTAL \$
								\$16,500.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF OFFERER	Reforming City Hall With Carl DeMao		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)
10/11/2011	Brian Caster	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner: Caster Properties Inc.
	San Diego CA 92120		
12/13/2011	Rcck Conary	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Contractor: Rock Electric Inc.
	San Diego CA 92126		
12/16/2011	James Duvall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.
	Rancho Santa Fe CA 920967		
09/16/2011	EMS Management LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A N/A
	Greenwood Village CO 80111		
12/13/2011	Finest City Paper Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
	San Diego CA 92111		
			SUBTOTAL \$
			\$11,625.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)					
STATEMENT COVERS PERIOD			CALIFORNIA FORM		
from <u>01/01/2011</u>		through <u>12/31/2011</u>	Page <u>7</u> of <u>26</u>		I.D. NUMBER <u>1268914</u>
NAME OF FILER Reforming City Hall With Cari DeMaio					
MONETARY CONTRIBUTIONS RECEIVED					
Type or print in ink. Amounts may be rounded to whole dollars.					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
12/26/2011	Tod Fiorotto San Diego CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President San Diego Restaurant Supply	\$1,000.00	\$1,000.00
12/20/2011	Frank Konyn Dairy Escondido CA 92027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$325.00	\$325.00
12/30/2011	Harry Friedman San Diego CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GFO Syncat Metal Processing Inc.	\$500.00	\$500.00
07/27/2011	Golden One Star LLC San Diego CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00
12/13/2011	Kevin Hancock Chula Vista CA 91914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction/Real Estate Self	\$500.00	\$500.00
SUBTOTAL \$					\$3,325.00

- *Contributor Codes
- IND – Individual
- COM – Recipient Committee
(other than PTY or SCC)
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)	
CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>
Page <u>8</u>	of <u>28</u>

NAME OF FILER
 Referring City Hall With Carl Demario

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/28/2011	Mr. Ronald Harper San Diego CA 92101.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Harper Construction Company	\$1,300.00	\$1,300.00	\$1,000.00
12/28/2011	Homestead Sheet Metal Spring Valley CA 91177	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
07/27/2011	Rosemary Kasper San Diego CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self- Golden One Star LLC	\$1,000.00	\$1,000.00	\$1,000.00
12/06/2011	Lyons Realty West LLC San Diego CA 92111	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,300.00		\$1,000.00
12/30/2011	Lawrence McMahon Poway CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr Vp/Surety Manager Alliant Insurance Services Inc.	\$500.00		\$500.00
				SUBTOTAL \$	\$4,000.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER Refining City Hall With Carl DiMaggio		Statement covers period From <u>07/01/2011</u> through <u>12/31/2011</u>	Page <u>9</u> of <u>23</u>
		I.D. NUMBER <u>266914</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input checked="" type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC		
12/08/2011	Mesa Mesa Shopping Center			\$500.00	\$500.00	
	Newport Beach CA 92663					
12/14/2011	OB' Kanobe LLC			\$125.00	\$125.00	
	San Diego CA 92107					
11/02/2011	Pacific Hospitality Group Inc.			\$500.00	\$500.00	
	San Diego CA 92130					
11/17/2011	Pacific Rim Mechanical Contractors Inc.			\$2,500.00	\$2,500.00	
	San Diego CA 92111					
09/06/2011	Brent Perkins			\$350.00	\$350.00	
	San Diego CA 92122					
SUBTOTAL \$				\$3,975.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 07/01/2011
 through 12/31/2011

Page 10 of 26

NAME OF FILER Reforming City Hall with Carl DeMaio	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee Also Enter ID Number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If Self-Employed, Enter Name of Business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If Required)	I.D. NUMBER
	12/08/2011	Perry & Shaw Inc. El Cajon CA 92020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00		1268914
	12/07/2011	Khalid Petras La Mesa CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Mart Liquor	\$500.00	\$500.00		
	12/12/2011	Pirates Cove Tiki Port San Diego CA 92107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00		
	10/27/2011	Rancho Bernardo Inn San Diego CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00		
	12/06/2011	Fanar Salem La Mesa CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Carnival Supermarket	\$1,000.00	\$1,000.00		
								Subtotal \$ \$5,125.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>
Page <u>11</u> of <u>28</u>	

NAME OF FILER Reforming City Hall With Carl DeMato	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	I.D. NUMBER
	12/01/2011	Laith Salem San Diego CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Leucadia Liquor	\$500.00	\$500.00	\$500.00	1258914
	12/07/2011	Amar Salim Spring Valley CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Salem Auto Sales	\$500.00	\$500.00	\$500.00	
	12/05/2011	Steven R. Scott Solana Beach CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Kilroy Realty	\$500.00	\$500.00	\$500.00	
	12/13/2011	Jeffrey Shohet San Diego CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	\$250.00	\$250.00	\$250.00	
	09/06/2011	Sloan Capital Partners LLC La Jolla CA 92037	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	\$500.00	
					Subtotal \$	\$2,250.00		

*Contributor Codes

IND – Individual
 CDM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>	Page <u>12</u> of <u>28</u>
---	---------------------------	-----------------------------

NAME OF FILER Reforming City Hall Within Carl DeMato	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR, (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	ID. NUMBER
	12/07/2011	Saeed Somo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Mesa Food	\$500.00	\$500.00	\$500.00	1258914
		San Diego CA 92119						
	11/29/2011	Spooener's Woodworks Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00	
		Poway CA 92064						
	12/08/2011	Sunset Garage	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	\$125.00	
		San Diego CA 92107						
	12/07/2011	Janan Tomá	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner: San Diego Ice Company	\$1,000.00	\$1,000.00	\$1,000.00	
		La Mesa CA 91941						
	06/16/2011	Tortoise Market Research Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00	\$15,000.00	\$15,000.00	
		La Jolla CA 92037						
					Subtotal \$	\$16,875.00		

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460 FORM

Statement covers period	from <u>07/02/2011</u>
	through <u>12/31/2011</u>

Page <u>13</u> of <u>28</u>

NAME OF FILER
 Reforming City Hall With Carl DeMaio

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12/07/2011	West Bernardo Ventures LLC San Francisco CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$10,000.00	
12/08/2011	Western Electrical Contractors Association Measure PAC (#1324792) Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00
11/11/2011	Whitaker Facilities Corp San Diego CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00		\$1,000.00
12/05/2011	David Wick Escondido CA 92025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer National Enterprises Inc.	\$5,000.00		\$5,000.00
08/30/2011	Kenneth Williams La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	\$1,000.00		\$1,000.00
				SUBTOTAL \$	\$12,500.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

*Contributor Codes

IND - Individual
COM - Recipient Committee
(other than PTY)
OTH - Other (e.g., busi-
ness)
PTY - Political Party
SCC - Small Contributor

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMaio

SCHEDULE B - PART 1
CALIFORNIA FORM 460

Statement covers period
from 07/01/2011
through 12/31/2011

Page 15 of 28

							I.D. NUMBER
							1268914

FULL NAME, STREET ADDRESS AND ZIP CODE (IF LENDER ALSO ENTERED ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE AT BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Carl DeMaio	Councilmember: City of San Diego	\$50,000.00	\$0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00	0.000% RATE	\$200,000.00	\$150,000.00 PER ELECTION**
San Diego CA 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carl DeMaio	\$50,000.00	\$0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00	0.000% RATE	12/15/2008 DATE INCURRED	\$ _____
San Diego CA 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carl DeMaio	\$50,000.00	\$0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00	0.000% RATE	03/28/2011 DATE INCURRED	\$150,000.00 PER ELECTION**
San Diego CA 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carl DeMaio	\$100,000.00	\$0.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$100,000.00	0.000% RATE	07/27/2011 DATE INCURRED	\$100,000.00 PER ELECTION**
SUBTOTALS		\$100,000.00\$	\$0.00\$		\$200,000.00\$		\$100,000.00	

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
..... \$ _____ \$100,000.00
2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
..... \$ _____ \$0.00
3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.
NET \$ _____ \$100,000.00
(May be a negative number)

^tContributor Codes
(Enter codes on
Schedule E, Line 3)

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMaio

SCHEDULE C
CALIFORNIA 460

Statement covers period
from 07/01/2011
through 07/31/2011

Page 16 of 28

I.D. NUMBER
1266914

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/01/2011 07/31/2011	Carl DeMaio for Mayor 2012 (#1334720) San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	
08/01/2011 08/31/2011	Carl DeMaio for Mayor 2012 (#1334720) San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	
09/01/2011 09/30/2011	Carl DeMaio for Mayor 2012 (#1334720) San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	
10/01/2011 10/31/2011	Carl DeMaio for Mayor 2012 (#1334720) San Diego CA 92119	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 375.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 375.00**

*Contributor Codes

IND – Individual	
COM – Recipient Committee	
other than PTY or SCC)	
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall: With Cari Demaria

SCHEDULE C
CALIFORNIA FORM
460

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>	Page <u>17</u> of <u>26</u>
---	---------------------------	-----------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/01/2011 11/30/2011	Cari Demaria for Mayor 2012 (#1334720)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	
	San Diego CA 92119						
12/01/2011 12/31/2011	Cari Demaria for Mayor 2012 (#1334720)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Data & software	\$62.50	\$375.00	
	San Diego CA 92119						
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED **CALIFORNIA FORM 460**
Statement covers period **03/01/2011**

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER Reforming City Hall with Carl DeMato		CALIFORNIA FORM 460 Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u> Page <u>18</u> of <u>28</u> I.D. NUMBER <u>1268314</u>				
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/03/2011	City Comprehensive Pension Reform for San Diego TBD San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	T-shirts for volunteers	\$300.00	\$70,018.54	
08/04/2011	City Comprehensive Pension Reform for San Diego TBD San Diego	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	\$25,000.00	\$70,018.94	
09/06/2011	City Comprehensive Pension Reform for San Diego TBD San Diego	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Campaign mailer postage	\$17,353.88	\$70,018.94
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
						SUBTOTAL \$ <u>542,653.88</u>

Schedule D Summary

- | | |
|---|-----------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ <u>555,018.94</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 . | \$ <u>0.00</u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | \$ <u>555,018.94</u> |

Schedule D
(Continuation Sheet)

Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

FPPP Toll-Free Helpline: 866/ASK-FPPP (866/277-3772) **FPPP Form 460 (January/05)**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ReForming City Hall With Carl DeMaio

CALIFORNIA FORM 460	
Statement covers period	from
from <u>07/01/2011</u>	through
<u>12/31/2011</u>	Page
20	of
28	I.D. NUMBER
<u>1268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle International Inc.	OFC		\$1,125.00
Washington DC 20003	OFC		
Aristotle International Inc.	OFC		\$75.00
Washington DC 20003	OFC		
Aristotle International Inc.	OFC		\$26.25
Washington DC 20003			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 60,388.74
2. Unitemized payments made this period of under \$100 \$ \$106.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ \$0.00
4. Total payments made this period: (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) \$ \$60,494.84

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Re-forming City Hall With Carl DeBlais

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	FET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	RPT	print-ads

NAME AND ADDRESS OF PAYEE
(if committee, also enter ID. NUMBER)

Aristotle International Inc.

CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID

OFC

radio airtime and production costs

\$3.75

Washington DC 20003

OFC

returned contributions

\$5.63

Aristotle International Inc.

OFC

campaign workers' salaries

\$75.00

Washington DC 20003

OFC

candidate travel, lodging, and meals

\$75.00

Aristotle International Inc.

OFC

staff/spouse travel, lodging, and meals

\$75.00

Washington DC 20003

OFC

transfer between committees of the same candidate/sponsor

\$75.00

Washington DC 20003

OFC

voter registration

\$75.00

Washington DC 20003

OFC

information technology costs (internet, e-mail)

\$75.00

SUBTOTAL \$

\$234.38

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl Demario

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle International Inc.	OFC			\$412.50
Washington DC 20003				\$206.25
Aristotle International Inc.	OFC			\$37.50
Washington DC 20003				
Aristotle International Inc.	OFC			\$75.00
Washington DC 20003				
Berglectric Corp.	FND			\$1,486.17
Escondido CA 92029				
				SUBTOTAL \$
				\$2,219.42

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ReForming City Hall With Carl DeMato

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period from <u>07/01/2011</u>	through <u>12/31/2011</u>	Page <u>23</u> of <u>26</u>
		I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CIB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	l.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
JT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE, OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$250.00
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$250.00
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$250.00
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$250.00
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$250.00
			SUBTOTAL \$
			\$1,250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMato

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 07/01/2011 through 12/31/2011 Page 24 of 25

I.D. NUMBER
:266914

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR PRO	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling	PRO		\$250.00
San Diego CA 92119	PRO		\$110.00
C. April Boling	PRO		
San Diego CA 92119	PRO		
Comprehensive Pension Reform for San Diego (#1335723)	CTB		\$25,000.00
San Diego CA 92119	CTB	Tshirts for volunteers; in-kind CTB to CPR for San Diego	\$300.00
Dyno Brand	CTB	Tshirts for volunteers; in-kind CTB to CPR for San Diego	
San Diego CA 92103	CTB	Campaign mailer postage; in-kind CTB to CPR for San Diego	\$17,353.38
Postmaster:			
Fontana CA 92337			
			SUBTOTAL \$ 543,013.68

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)	
Schedule E (Continuation Sheet) Payments Made	
<p>Type or print in ink. Amounts may be rounded to whole dollars.</p>	
Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2011</u>	through <u>12/31/2011</u>
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER Reforming City Hall With Carl DeMaio	I.D. NUMBER 1258914
Page <u>25</u> of <u>26</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
QMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
ND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	i.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego CA 92119 Revolvis	CTB	Campaign mailer; in-kind CTB to CPR for San Diego	\$12,365.06
San Diego CA 92119 Revolvis	QFC		\$79.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ \$12,444.81

EDBC Form A60 (January 05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)

**Schedule F
Accrued Expenses**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Performing City Hall with**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2011</u>	through <u>2/28/2011</u>
Page <u>26</u> of <u>28</u>	
I.D. NUMBER <u>1268914</u>	

CODES:	If one of the following codes accurately describes your organization, check the box.
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
campaign paraphernalia/misc.	MAR member communications
campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
candidate filing/ballot fees	PHO phone banks
fundraising events	POL polling and survey research
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
legal defense	PRO professional services (legal, accounting)
campaign literature and mailings	PRT print ads
RAD radio, airtime and production costs	VOT voter registration
RFD returned contributions	WEB information technology costs (i.e.
SAL campaign workers' salaries	
TEL t.v. or cable airtime and production costs	
TRC candidate travel, lodging, and meals	
TRS staff/spouse travel, lodging, and meals	
TSF transfer between committees or funds	

- Payments that are contributions or independent expenditures must also be

Schedule E Summary

- | | INCURRED TOTALS \$ | PAID TOTALS \$ | NET \$ |
|---|--------------------|----------------|----------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | \$382.50 | | |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | | \$0.00 | |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | | | \$382.50 |

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/2275-3772)

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		CALIFORNIA FORM 460	
Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from <u>07/01/2011</u> through <u>12/31/2011</u>	Page <u>28</u> of <u>26</u>
		I.D. NUMBER <u>1263914</u>	
<p align="center">SEE INSTRUCTIONS ON REVERSE</p> <p>NAME OF FILER ReForming City Hall with Carl DeMaio</p> <p>NAME OF AGENT OR INDEPENDENT CONTRACTOR Revolvis</p>			

Attach additional information on appropriately labeled continuation sheets.

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**- Do not transfer to any other schedule or to the Sun
independent Contractor as reported on Schedule E.**

FPPC Form 460 (January/05)

FPPC Form 460 (January/05)

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 9

5. Officeholder or Candidate Controlled Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP
COMMITTEE NAME		
I.D. NUMBER		
NAME OF TREASURER		
CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		
I.D. NUMBER		
NAME OF TREASURER		
CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
CITY	STATE ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee		
NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT		
OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
Related Committees Not Included in this Statement: List any committees, not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		
7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Reforming City Hall: With Carl DeMaio

SUMMARY PAGE
CALIFORNIA 460

Statement covers period from _____	01/31/2012
through _____	03/17/2012

Page 3 of 9

I.D. NUMBER
1268914

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3 \$ <u>\$1,000.00</u>	\$ <u>\$1,000.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ <u>-\$168,000.00</u>	\$ <u>\$32,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>-\$167,000.00</u>	\$ <u>\$33,000.00</u>	
4. Nonmonetary Contributions	Add Lines 1 + 2 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	20. Contributions Received \$ <u>\$0.00</u> \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Schedule C, Line 3 \$ <u>-\$167,000.00</u>	\$ <u>\$33,000.00</u>	21. Expenditures Made \$ <u>\$0.00</u> \$ <u>\$0.00</u>
	Add Lines 3 + 4 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>\$1,398.52</u>	\$ <u>\$1,398.52</u>	Expenditure Limit Summary for State Candidates
7. Loans Made	Schedule H, Line 3 \$ <u>\$0.00</u>	\$ <u>\$0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>\$1,398.52</u>	\$ <u>\$1,398.52</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>-\$320.00</u>	\$ <u>\$62.50</u>	Date of Election (mm/dd/yy)
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>50.00</u>	\$ <u>\$0.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>\$1,078.52</u>	\$ <u>\$1,461.02</u>	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$169,637.44</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>-\$167,000.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>\$0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>\$1,398.52</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>\$1,238.92</u>	
	If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>\$0.00</u>	
18. Cash Equivalents	See Instructions on reverse \$ <u>\$0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$32,062.50</u>	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/225-3772)

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period from 01/01/2012 to 01/01/2013	CALIFORNIA 460 FORM
---	--

SEE INSTRUCTIONS ON REVERSE				NAME OF FILER				Page _____ of _____			
Reforming City Hall With Carl DeMaio											
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	I.D. NUMBER				
01/03/2012	Terry Erickson San Diego CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner: Certified A/C	\$500.00		\$500.00	1266914				
01/20/2012	Standard Pacific Corp. and Affiliated Entities Irvine CA 92618	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00		\$500.00					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
 2. Amount received this period – unitemized monetary contribution
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column C.)

***Contributor Codes**

IND – Individual	COM – Recipient Co-	(other than P)
OTH – Other (e.g.,	PTY – Political Party	
SCC – Small Contrib-		

FPPC Form 460 (January/05)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Carl DeMatio

CALIFORNIA 460

FORM

Statement covers period
from 01/01/2012

through 03/17/2012

Page 5

of 9

I.D. NUMBER

1268914

SCHEDULE B - PART 1

**IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)**

**OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD**

**AMOUNT
RECEIVED THIS
PERIOD**

**AMOUNT PAID
OR FORGIVEN
THIS PERIOD**

**OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD**

**INTEREST
PAID THIS
PERIOD**

**ORIGINAL
AMOUNT OF
LOAN**

**CUMULATIVE
CONTRIBUTIONS
TO DATE**

PER ELECTION**

CALENDAR YEAR

PER ELECTION**

CALENDAR YEAR

CALENDAR YEAR

CALENDAR YEAR

PER ELECTION**

PER E

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl Demario

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period from <u>01/01/2012</u>	through <u>03/17/2012</u>	Page <u>6</u> of <u>9</u>
		I.D. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OVP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Card (Citibank)			See Schedule G for payees reaching disclosure threshold.	\$125.00
Des McInes IA 50363				
C. April Boiling	PRO			\$282.50
San Diego CA 92119				
C. April Boiling	PRO			\$250.00
San Diego CA 92119				
				SUBTOTAL \$ \$757.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ \$1,257.50
2. Unitemized payments made this period of under \$100 \$ \$141.02
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ \$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) \$1,398.52 TOTAL \$ \$1,398.52

**Schedule E
(Continuation Sheet)
Payments Made**

**Type or print in ink.
Amounts may be rounded
to whole dollars.**

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**
Reforming City Hall With Carl DeMaio

Statement covers period from <u>01/01/2012</u>		CALIFORNIA 460 FORM	Page <u>7</u> of <u>9</u>
through <u>03/17/2012</u>		I.D. NUMBER <u>1268914</u>	

CODES: If one of the following codes accurately describes your organization, check the box.
CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
ND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

The following codes accurately describes the payment. you may enter the code. Otherwise, describe the payment.

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CNS	campaign consultants		PRO		\$250.00
CTB	contribution (explain nonmonetary)*				
CVC	civic donations				
FIL	candidate filing/ballot fees				
FND	fundraising events				
IND	independent expenditure supporting/opposing others (explain)*				
LEG	legal defense				
LIT	campaign literature and mailings				
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego CA 92119	C. April Boling	PRO			\$250.00
San Diego CA 92119	C. April Boling	PRO			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**FPPC Form 460 (January/05)
866/ASK-FPPC (866/275-3772)**

Form 460 (January/05)

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>	
Type or print in ink. Amounts may be rounded to whole dollars.	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER ReForming City Hall With Carl DeMaio	NAME OF AGENT OR INDEPENDENT CONTRACTOR AT&T Universal Card (Citibank)
Page <u>9</u> of <u>9</u>	
ID NUMBER <u>:268914</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
Mtg	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POI	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	refused contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internal, e-mail)

卷之三

Attach additional information on appropriately labeled continuation sheets.

**Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or
independent contractor as recorded on Schedule E.**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) **FPPC Form 460 (January/05)**

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Carl DeMaio		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: City Councilmember District 5 Sought: Mayor, City of San Diego RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP San Diego CA 92101		BALLOT NO. OR LETTER	JURISDICTION
		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
		Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER		
Carl DeMaio For Mayor 2012	1334720	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TREASURER C. April Boling, CPA	STREET ADDRESS (NO P.O. BOX)		
COMMITTEE ADDRESS			
CITY San Diego	STATE CA	ZIP CODE 92119	AREA CODE/PHONE 888-254-5078
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS			
CITY	STATE	ZIP CODE	AREA CODE/PHONE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
ReForming City Hall With Carl DeNatio

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions	Schedule A, Line 3 \$ 5750.00	\$ 51,750.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 32,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 750.00	\$ 33,750.00	20. Contributions Received \$ 0.00 \$ 50.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00	21. Expenditures Made \$ 0.00 \$ 50.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 750.00	\$ 33,750.00	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 776.76	\$ 2,175.28	
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 776.76	\$ 2,175.28	Date of Election (mm/dd/yy)
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 62.50	\$ 125.00	
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 839.26	\$ 2,300.28	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 51,238.92	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ 750.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 776.76	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 51,212.16	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See Instructions on reverse \$ 50.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 532,125.00	

SUMMARY PAGE
CALIFORNIA 460

Statement covers period	From <u>03/18/2012</u>
	through <u>05/15/2012</u>
Page	<u>3</u> of <u>8</u>

I.D. NUMBER	1266914
-------------	---------

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

20. Contributions Received \$ 0.00 \$ 50.00

21. Expenditures Made \$ 0.00 \$ 50.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASKFPPC (866/257-3772)

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Monetary Contributions Received		CALIFORNIA FORM 460
Statement covers period from <u>03/18/2012</u> through <u>05/19/2012</u>		Page <u>4</u> of <u>8</u>
Amounts may be rounded to whole dollars.		I.D. NUMBER <u>1266914</u>
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER Reforming City Hall with Carl DeMaio		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR [IF COMMITTEE ALSO ENTERED NUMBER]	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/20/2012	Green Star Enterprises Inc. San Diego CA 92103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
04/23/2012	Unique Concepts Inc. San Diego CA 92121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

- Contribution Summary**

 1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)
 2. Amount received this period – unitemized monetary contributions.
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the **Summary Page**, Column C)

SUBTOTAL \$ 3750.00

- *Contributor Codes
- IND – Individual
- COM – Recipient Co.
(other than I)
- OTH – Other (e.g.,
PTY – Political Party)
- SCC – Small Contrib

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460			
Statement covers period from <u>03/18/2012</u> through <u>05/19/2012</u>		Page <u>5</u> of <u>8</u>	
		I.D. NUMBER <u>1268914</u>	
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER Reforming City Hall With Carl DeMajo IF COMMITTEE ALSO ENTER I.D. NUMBER <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(g) CUMULATIVE CONTRIBUTIONS TO DATE \$ <u>0.00</u>	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER) Carl DeMajo Councilmember City of San Diego \$ <u>52,000.00</u>		(a) OUTSTANDING BALANCE AT BEGINNING THIS PERIOD \$ <u>0.00</u>	(b) AMOUNT RECEIVED THIS PERIOD \$ <u>0.00</u>
 San Diego CA 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(c) AMOUNT PAID OR FORGIVEN THIS PERIOD <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD \$ <u>52,000.00</u>
 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(e) INTEREST PAID THIS PERIOD \$ <u>0.00</u>	(f) ORIGINAL AMOUNT OF LOAN \$ <u>52,000.00</u>
		(g) CUMULATIVE CONTRIBUTIONS TO DATE \$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u>
		PER ELECTION** \$ <u>0.00</u>	PER ELECTION ** \$ <u>0.00</u>
		DATE INCURRED <u>03/28/2011</u>	DATE INCURRED <u>03/28/2011</u>
		CALENDAR YEAR \$ <u>0.00</u>	CALENDAR YEAR \$ <u>0.00</u>
		PER ELECTION ** \$ <u>0.00</u>	PER ELECTION ** \$ <u>0.00</u>
		DATE INCURRED <u>03/28/2011</u>	DATE INCURRED <u>03/28/2011</u>
		SUBTOTALS \$ <u>0.00</u>	SUBTOTALS \$ <u>0.00</u>
		NET \$ <u>0.00</u> <small>(May be a negative number)</small>	NET \$ <u>0.00</u> <small>(Enter [e] on Schedule E, Line 3)</small>
Schedule B Summary <ol style="list-style-type: none"> 1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. 			
<p style="text-align: right;"><small>†Contributor Codes</small></p> <p style="text-align: right;">IND – Individual COM – Recipient Committee (Other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee</p>			

Schedule B Summary

1. Loans received this period
 (Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (**Subtract Line 2 from Line 1**)
 Enter the net here and on the Summary Page, Column A, Line 2.

Amounts forgiven or paid by another party also must be reported on Schedule A.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-3772)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84290-84216.5)

Type or print in ink.

E-filed on:

Committee Name (or Candidate's Name if No Committee)

SEE INSTRUCTIONS ON REVERSE	
-----------------------------	--

Statement covers period from <u>05/20/2012</u>	Date of election if applicable: (Month, Day, Year) <u>06/05/2012</u>
through <u>05/31/2012</u>	

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
(Also Complete Part 7)

3. Committee Information

Reforming City Hall With Carl DeMaio
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
San Diego CA 92119 858/217-6112

Treasurer(s)

NAME OF TREASURER

CITY San Diego STATE CA ZIP CODE 92119 AREA CODE/PHONE (619) 713-6888

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS
San Diego CA 92119 858/217-6112

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/01/2012 Date 06/01/2012 By C. April Boiling Signature of Treasurer or Assistant Treasurer
Executed on 06/01/2012 Date 06/01/2012 By Carl DeMaio Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer or Sponsor
Executed on Date By Signature of Controlling Officer/holder, Candidate, State Measure Proponent
Executed on Date By Signature of Controlling Officer/holder, Candidate, State Measure Proponent

2013 SEP 10 AM 10
OFFICE OF THE
CITY CLERK

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 5

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Carl DeMaio		BALLOT NO. OR LETTER	JURISDICTION
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
Held: City Councilmember District 5			
Sought: Mayor, City of San Diego			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP			
San Diego CA 92119			
Identify the controlling officeholder, candidate, or state measure proponent, if any.			
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT			
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		DISTRICT NO. IF ANY	
COMMITTEE NAME	I.D. NUMBER		
Carl DeMaio for Mayor 2012	1334720		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
C. April Boling, CPA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	888-254-5078
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Attach continuation sheets if necessary			

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl Bernaio

SUMMARY PAGE
460

Statement covers period from <u>05/20/2012</u>	through <u>05/31/2012</u>	Page <u>3</u> of <u>5</u>
		I.D. NUMBER <u>1268914</u>

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	Schedule A, Line 3	\$ <u>50.00</u>	\$ <u>51,750.00</u>	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>50.00</u>	\$ <u>532,000.00</u>		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>50.00</u>	\$ <u>533,750.00</u>		
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>50.00</u>	\$ <u>50.30</u>	20. Contributions Received	\$ <u>\$0.00</u> \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>50.00</u>	\$ <u>533,750.00</u>	21. Expenditures Made	\$ <u>\$0.00</u> \$ <u>\$0.00</u>
Expenditures Made					
6. Payments Made	Schedule E, Line 4	\$ <u>50.00</u>	\$ <u>\$2,175.28</u>	Expenditure Limit Summary for State Candidates	
7. Loans Made	Schedule H, Line 3	\$ <u>50.00</u>	\$ <u>\$0.00</u>	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>50.00</u>	\$ <u>\$2,175.28</u>	Date of Election (mm/dd/yy)	Total to Date
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>50.00</u>	\$ <u>\$125.00</u>		
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>50.00</u>	\$ <u>\$0.00</u>		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>50.00</u>	\$ <u>\$2,300.28</u>		
Current Cash Statement					
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>\$1,212.16</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
13. Cash Receipts	Schedule A, Line 3 above	\$ <u>\$0.00</u>			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>\$0.00</u>			
15. Cash Payments	Schedule A, Line 8 above	\$ <u>-\$0.00</u>			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>\$1,212.16</u>			
<i>If this is a termination statement, Line 16 must be zero.</i>					
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>\$0.00</u>			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	See Instructions on reverse	\$ <u>\$0.00</u>			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>\$32,125.00</u>			

*Amounts in this section may be different from amounts
reported in Column B.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772).

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Before filing this card, be sure to file a copy of the original application.

Statement covers period from <u>05/20/2012</u> through <u>05/31/2012</u>		CALIFORNIA 460 FORM																															
		I.D. NUMBER <u>1268914</u>	Page <u>4</u> of <u>5</u>																														
<p>SEE INSTRUCTIONS ON REVERSE</p> <p>NAME OF FILER Reforming City Hall With Carl DeMaio</p> <p>Type or print in ink. Amounts may be rounded to whole dollars.</p> <table border="1"> <thead> <tr> <th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (If Committee, also enter I.D. Number)</th> <th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter Name of Business)</th> <th>OUTSTANDING BALANCE AT BEGINNING THIS PERIOD</th> <th>AMOUNT RECEIVED THIS PERIOD</th> </tr> </thead> <tbody> <tr> <td>San Diego Ca 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td>Carl DeMaio Councilmember City of San Diego</td> <td>\$ 532,000.00</td> <td>\$ 5c.00</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> <tr> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> <td><input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____</td> </tr> </tbody> </table>				FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (If Committee, also enter I.D. Number)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter Name of Business)	OUTSTANDING BALANCE AT BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	San Diego Ca 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carl DeMaio Councilmember City of San Diego	\$ 532,000.00	\$ 5c.00	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____										
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (If Committee, also enter I.D. Number)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter Name of Business)	OUTSTANDING BALANCE AT BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD																														
San Diego Ca 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carl DeMaio Councilmember City of San Diego	\$ 532,000.00	\$ 5c.00																														
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____																														
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____																														
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____																														
<table border="1"> <thead> <tr> <th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th> <th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th> <th>INTEREST PAID THIS PERIOD</th> <th>ORIGINAL AMOUNT OF LOAN</th> <th>CUMULATIVE CONTRIBUTIONS TO DATE</th> </tr> </thead> <tbody> <tr> <td>\$ 532,000.00</td> <td>\$ 532,000.00</td> <td>0.000 % RATE</td> <td>\$ 532,000.00</td> <td>\$ 50.00 PER ELECTION**</td> </tr> <tr> <td>\$ 5.00</td> <td>\$ 532,000.00</td> <td>0.000 % RATE</td> <td>\$ 532,000.00</td> <td>\$ 50.00 PER ELECTION**</td> </tr> <tr> <td>\$ 5.00</td> <td>\$ 532,000.00</td> <td>0.000 % RATE</td> <td>\$ 532,000.00</td> <td>\$ 50.00 PER ELECTION**</td> </tr> <tr> <td>\$ 5.00</td> <td>\$ 532,000.00</td> <td>0.000 % RATE</td> <td>\$ 532,000.00</td> <td>\$ 50.00 PER ELECTION**</td> </tr> <tr> <td>SUBTOTALS \$ 50.00</td> <td>\$ 532,000.00</td> <td>\$ 50.00</td> <td>\$ 532,000.00</td> <td>\$ 50.00 (Enter (e) on Schedule E, Line 3)</td> </tr> </tbody> </table>				AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	\$ 532,000.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**	\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**	\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**	\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**	SUBTOTALS \$ 50.00	\$ 532,000.00	\$ 50.00	\$ 532,000.00	\$ 50.00 (Enter (e) on Schedule E, Line 3)
AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE																													
\$ 532,000.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**																													
\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**																													
\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**																													
\$ 5.00	\$ 532,000.00	0.000 % RATE	\$ 532,000.00	\$ 50.00 PER ELECTION**																													
SUBTOTALS \$ 50.00	\$ 532,000.00	\$ 50.00	\$ 532,000.00	\$ 50.00 (Enter (e) on Schedule E, Line 3)																													
<p>Schedule B Summary</p> <ol style="list-style-type: none"> 1. Loans received this period. (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page. Column A, Line 2. 																																	
<p>NET \$ <u>50.00</u> (May be a negative number)</p>																																	

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (**Subtract Line 2 from Line 1.**)
Enter the net here and on the Summary Page; Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required

ב' ינואר

†Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

(Enter (e) on
Schedule E, Line 3)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	tv. or cable, airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staffspouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
NAME AND ADDRESS OF CREDITOR (if committee, also enter i.d. number)		(a) CODE OR DESCRIPTION OF PAYMENT	(b) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(c) AMOUNT INCURRED THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C. April Boiling		PRO	\$125.00	\$0.00	\$0.00
San Diego CA 92119					

- Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** **\$0.00**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** **\$0.00**

3. Net change this period. (**Subtract Line 2 from Line 1.** Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** **\$0.00**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/258-3772)

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Carl DeMaio

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Held: City Councilmember District 5
Sought: Mayor, City of San Diego
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
San Diego CA 92119

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

Carl DeMaio for Mayor 2012

CONTROLED COMMITTEE?

YES NO

NAME OF TREASURER

C. April Boling, CPA

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Diego CA 92119 888-254-5078

COMMITTEE NAME

CONTROLED COMMITTEE?

YES NO

NAME OF TREASURER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE
OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl DeMaic

SUMMARY PAGE
CALIFORNIA 460

Statement covers period from _____	06/01/2012
through _____	06/30/2012
Page <u>3</u> of <u>6</u>	

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 1,750.00	1/1 through 6/30	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ 0.00	\$ 32,630.00		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 32,750.00		
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0.00	\$ 0.00		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 33,750.00		
Expenditures Made					
6. Payments Made	Schedule E, Line 4	\$ 357.44	\$ 2,532.72		
7. Loans Made	Schedule H, Line 3	\$ 0.00	\$ 0.00		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 357.44	\$ 2,532.72		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-\$ 62.50	\$ 62.50	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0.00	\$ 0.00		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 294.94	\$ 2,595.22		
Current Cash Statement					
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,212.16	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
13. Cash Receipts	Column A, Line 3 above	\$ 0.00			
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00			
15. Cash Payments	Column A, Line 8 above	\$ 357.44			
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 854.72			
<i>If this is a termination statement, Line 16 must be zero.</i>					
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00			
Cash Equivalents and Outstanding Debts					
18. Cash Equivalents	See Instructions on reverse	\$ 0.00			
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 32,062.50			

*Amounts in this section may be different from amounts
reported in Column B.

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

SCHEDULE B - PART 1

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER ReForming City Hall with Carl DeMaio

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)
 2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
 3. Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.

{Entfernen}
Schaltfläche Einstellung 3)

†Contributor Codes	
IND – Individual	
COM – Recipient Committee (other than PTY or SCC)	
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall with Ca21 Dematic

SCHEDULE E
CALIFORNIA FORM 460

<u>Statement covers period</u>	CALIFORNIA FORM 460	
from <u>06/01/2012</u>		
through <u>06/30/2012</u>	Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>1266914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QWP campaign paraphernalia/misc.	MBR member communications
QNS campaign consultants	MTG meetings and appearances
CTR contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
ND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

<u>NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)</u>	<u>CODE</u>	<u>OR</u>	<u>DESCRIPTION OF PAYMENT</u>	<u>AMOUNT PAID</u>
C. April Boling	PRO			\$125.00
San Diego CA 92119 C. April Boling	PRO			\$125.00
San Diego CA 92119				

<u>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</u>	<u>SUBTOTAL \$</u>	<u>\$250.00</u>
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>250.00</u>	
2. Unitemized payments made this period of under \$100	\$ <u>107.44</u>	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0.00</u>	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>357.44</u>	

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 250.00
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 357.44**

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

E-filed on:

Statement covers period	Date of election if applicable: (Month, Day, Year)
from _____ <u>07/01/2012</u>	_____
through _____ <u>09/30/2012</u>	<u>11/06/2012</u>

SEE INSTRUCTIONS ON REVERSE

Date Stamp	CALIFORNIA FORM 460	Page 1 of 6	For Official Use Only
------------	----------------------------------	----------------------	-----------------------

A Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	10/04/2012	By _____ C. April Boling Signature of Treasurer or Assistant Treasurer
Executed on	10/04/2012	By _____ Carl DeMato Signature of Controlling Officer/holder; Candidate, State Measure Proponent or Responsible Office of Sponsor
Executed on	Date _____	By _____ Signature of Controlling Officer/holder; Candidate, State Measure Proponent
Executed on	Date _____	By _____ Signature of Controlling Officer/holder; Candidate, State Measure Proponent

FPPC Form 86A (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772) FPPC Form 401, (January/05) State of California

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA 460

Page 2 of 6

5. Officeholder or Candidate Controlled Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE ZIP
Related Committees Not Included in this Statement: <i>List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.</i>		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE	AREA CODE/PHONE
6. Primarily Formed Ballot Measure Committee		
NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<i>Attach continuation sheets if necessary</i>		

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl Demaic

**CALIFORNIA
FORM
460**

Statement covers period
from <u>07/01/2012</u>
through <u>09/30/2012</u>

Page 3 of 6

I.D. NUMBER
1268914

SUMMARY PAGE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions	Schedule A, Line 3 \$ <u>0.00</u>	\$ <u>1,750.00</u>	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>32,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>0.00</u>	\$ <u>33,750.00</u>	
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>0.00</u>	\$ <u>33,750.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>5214.13</u>	\$ <u>52,746.85</u>	
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>5214.13</u>	\$ <u>52,746.85</u>	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>-562.50</u>	\$ <u>0.00</u>	
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>50.00</u>	\$ <u>0.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>5151.63</u>	\$ <u>52,746.85</u>	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$854.72</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>214.13</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>5640.59</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>50.00</u>	
18. Cash Equivalents	See instructions on reverse \$ <u>\$0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$32,000.00</u>	

Cash Equivalents and Outstanding Debts

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30

7/1 to Date

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period from <u>07/01/2012</u> through <u>09/30/2012</u>		CALIFORNIA 460 FORM													
		I.D. NUMBER <u>1266914</u>	Page <u>4</u> of <u>6</u>												
Schedule B – Part 1 Loans Received															
SEE INSTRUCTIONS ON REVERSE															
NAME OF FILER Reforming City Hall With Cari DeMaio															
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (If Committee also enter I.D. Number) Cari DeMaio City of San Diego \$32,000.00															
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business) Councilmember: San Diego CA 92127 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC															
(a) OUTSTANDING BALANCE AT BEGINNING THIS PERIOD (b) AMOUNT RECEIVED THIS PERIOD (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (e) INTEREST PAID THIS PERIOD (f) ORIGINAL AMOUNT OF LOAN (g) CUMULATIVE CONTRIBUTIONS TO DATE															
<table border="1"> <thead> <tr> <th colspan="2">CALENDAR YEAR</th> </tr> <tr> <th>PER ELECTION **</th> <th>\$ <u>50.00</u></th> </tr> </thead> <tbody> <tr> <td>PAID</td> <td>\$ <u>550,000.00</u></td> </tr> <tr> <td>FORGIVEN</td> <td>\$ <u>50.00</u></td> </tr> <tr> <td colspan="2">DATE DUE</td> </tr> <tr> <td colspan="2"><u>12/31/2014</u></td> </tr> </tbody> </table>				CALENDAR YEAR		PER ELECTION **	\$ <u>50.00</u>	PAID	\$ <u>550,000.00</u>	FORGIVEN	\$ <u>50.00</u>	DATE DUE		<u>12/31/2014</u>	
CALENDAR YEAR															
PER ELECTION **	\$ <u>50.00</u>														
PAID	\$ <u>550,000.00</u>														
FORGIVEN	\$ <u>50.00</u>														
DATE DUE															
<u>12/31/2014</u>															
<table border="1"> <thead> <tr> <th colspan="2">CALENDAR YEAR</th> </tr> <tr> <th>PER ELECTION **</th> <th>\$ <u>50.00</u></th> </tr> </thead> <tbody> <tr> <td>PAID</td> <td>\$ <u>550,000.00</u></td> </tr> <tr> <td>FORGIVEN</td> <td>\$ <u>50.00</u></td> </tr> <tr> <td colspan="2">DATE DUE</td> </tr> <tr> <td colspan="2"><u>03/28/2011</u></td> </tr> </tbody> </table>				CALENDAR YEAR		PER ELECTION **	\$ <u>50.00</u>	PAID	\$ <u>550,000.00</u>	FORGIVEN	\$ <u>50.00</u>	DATE DUE		<u>03/28/2011</u>	
CALENDAR YEAR															
PER ELECTION **	\$ <u>50.00</u>														
PAID	\$ <u>550,000.00</u>														
FORGIVEN	\$ <u>50.00</u>														
DATE DUE															
<u>03/28/2011</u>															
<table border="1"> <thead> <tr> <th colspan="2">CALENDAR YEAR</th> </tr> <tr> <th>PER ELECTION **</th> <th>\$ <u>50.00</u></th> </tr> </thead> <tbody> <tr> <td>PAID</td> <td>\$ <u>550,000.00</u></td> </tr> <tr> <td>FORGIVEN</td> <td>\$ <u>50.00</u></td> </tr> <tr> <td colspan="2">DATE DUE</td> </tr> <tr> <td colspan="2"><u>03/28/2011</u></td> </tr> </tbody> </table>				CALENDAR YEAR		PER ELECTION **	\$ <u>50.00</u>	PAID	\$ <u>550,000.00</u>	FORGIVEN	\$ <u>50.00</u>	DATE DUE		<u>03/28/2011</u>	
CALENDAR YEAR															
PER ELECTION **	\$ <u>50.00</u>														
PAID	\$ <u>550,000.00</u>														
FORGIVEN	\$ <u>50.00</u>														
DATE DUE															
<u>03/28/2011</u>															
SubTOTALS \$ <u>50.00</u> \$ <u>50.00</u> \$ <u>52,000.00</u> \$ <u>50.00</u>															
NET \$ <u>50.00</u> <small>(May be a negative number)</small>															
<small>*Include loans paid by a third party that are also itemized on Schedule A.</small>															
<small>**Enter (e) on Schedule E, Line 3)</small>															
Schedule B Summary															
1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ <u>50.00</u>															
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ <u>50.00</u>															
3. Net change this period. (Subtract Line 2 from Line 1.) \$ <u>0.00</u>															
<small>1Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee</small>															

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract Line 2 from Line 1.**).....

Enter the net here and on the Summary Page, Column A, Line 2.

***Amounts forgiven or paid by another party also must be reported on Schedule A.**
** If required.

*Amounts for
** If required.

FPPC Form 480 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-3772)



**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Reforming City Hall With Carl DeMaio

Statement covers period		CALIFORNIA FORM	
from	<u>07/01/2012</u>	Page	<u>5</u> of <u>6</u>
through	<u>09/30/2012</u>	I.D. NUMBER	<u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MCR	member communications
CNS	campaign consultants	MIG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CYC	civic donations	PET	petition circulating
		PHB	phone banks
		POL	polling and survey research
		POS	postage, delivery and messenger services
		PRO	professional services (legal, accounting)
		PRT	print ads
			* independent expenditure supporting/opposing others (explain)*
LEG	legal defense		
JT	campaign literature and mailings		

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR FNU	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Card			\$62.50
The Lakes NV 88901	FNU		
AT&T Universal Card			
The Lakes NV 88901			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- | | |
|---|-------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>125.00</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>89.13</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0.00</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | \$ <u>214.13</u> |

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF ELL FOR

Reforming City Hall With Carl DeMaio

CALIFORNIA FORM 460	
Statement covers period from <u>07/01/2012</u>	Page <u>6</u> of <u>6</u>
through <u>09/30/2012</u>	I.D. NUMBER <u>1266914</u>

CODES:	If one of the following codes accurately describes your organization, check the box.
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
CAMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTC meetings and appearances
CTB contribution (explain nonmonetary)	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads
RAD radio airtime and production costs	VOT voter registration
RFD returned contributions	WEB information technology costs (includes computer equipment, software, internet access, etc.)
SAL campaign workers' salaries	TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals	TRS staff/house travel, lodging, and meals
TSF transfer between committees	VOT voter registration

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

Schedule F Summary

- | | INCURRED TOTALS \$ | PAID TOTALS \$ | NET \$ |
|---|---------------------------|-----------------------|---------------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | | | \$ 50.00 |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | | | \$ 562.50 |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page Column A, Line 9.) | | | -562.50 |

May be a negative number

FPPC Form 460 (January/05)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

E-filed on: 10/23/2012 15:14:09

Statement covers period from <u>10/01/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>
through <u>10/20/2012</u>	

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

460

CALIFORNIA
FORM

Date Stamp	Page <u>1</u> of <u>6</u>
For Official Use Only	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

2. Type of Statement:

- Prelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reforming City Hall With Carl DeMaio

Treasurer(s)

NAME OF TREASURER
C. April Boling
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	858/217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

By 10/23/2012 Date C. April Boling
Signature of Treasurer or Assistant Treasurer
C. April Boling

By 10/23/2012 Date Carl DeMaio
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Carl DeMaio

By Date Signature of Controlling Officer/Holder, Candidate, State Measure Proponent
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

By Date Signature of Controlling Officer/Holder, Candidate, State Measure Proponent
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

**CALIFORNIA
FORM
460**

Page 2 of 6

COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		STATE	ZIP
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.			
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?	
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.			
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
ReForming City Hall With Carl DeMatio

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period from <u>1/1/05/7/2012</u>	through <u>10/20/2012</u>
Page <u>3</u> of <u>5</u>	
I.D. NUMBER <u>1268914</u>	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions	Schedule A, Line 3 \$ <u>1,900.00</u>	\$ <u>35,550.00</u>	
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>32,000.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>\$1,900.00</u>	\$ <u>\$35,550.30</u>	
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>50.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>1,900.00</u>	\$ <u>\$35,550.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>\$14.32</u>	\$ <u>\$2,761.17</u>	
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>50.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>\$14.32</u>	\$ <u>\$2,761.17</u>	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>50.00</u>	\$ <u>50.00</u>	
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>50.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>\$14.32</u>	\$ <u>\$2,761.17</u>	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>\$640.59</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>1,900.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>50.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>\$14.32</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>\$2,526.27</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>\$0.00</u>	
18. Cash Equivalents	See instructions on reverse \$ <u>\$0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>\$32,000.00</u>	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Reforming City Hall With Carl DeMaio

Statement covers period from <u>10/01/2012</u> through <u>10/20/2012</u>		CALIFORNIA FORM 460	
		I.D. NUMBER <u>1268914</u>	Page <u>4</u> of <u>6</u>
<p align="center">SEE INSTRUCTIONS ON REVERSE</p> <p>NAME OF FILER Reforming City Hall with Carl DeMaio</p>			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
10/16/2012	Ace Vendng Inc Tempe AZ 85284	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
10/11/2012	Americana Car Wash San Diego CA 92121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
10/12/2012	County Line Framing Inc Calimesa CA 92320	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
10/24/2012	Matrix Surfaces Inc. Anaheim CA 92807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
10/11/2012	Spconer's Woodworks Inc. Poway CA 92064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
SUBTOTAL \$1,900.00			
<p>Amounts may be rounded to whole dollars.</p>			

Schedule A Summary

- | | | |
|---|------------------------------|-------------------|
| 1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) | \$ <u>.....</u> | \$1,900.00 |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 ; | \$ <u>.....</u> | \$0.00 |
| 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ <u>.....</u> | \$1,900.00 |

\$1,900.00

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-53772)

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

366/ASK-FPPC (866/275-3772)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

"Leibniz".

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA FORM
Page <u>1</u> of <u>4</u>	
For Official Use Only	

COVER PAGE

460

SEE INSTRUCTIONS ON REVERSE	
Statement covers period from <u>10/21/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

I.D. NUMBER

1268914

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reforming City Hall with Carl Demario

Treasurer(s)

NAME OF TREASURER

C. April Boiling

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	858/217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(619) 713-6888

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(619) 713-6888

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 11/02/2012 Date _____

By _____ Signature of Treasurer or Assistant Treasurer

Executed on 11/02/2012 Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC (866)ASK-FPPC (866/275-3772)
State of California
CO

2013 SEP 10

OFFICE OF THE
ATTORNEY GENERAL

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE Carl DeMalo		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Held: City Councilmember District 5 Sought: Mayor, City of San Diego		BALLOT NO. OR LETTER	JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE ZIP
San Diego CA 92101		San Diego	CA
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.			
COMMITTEE NAME Carl DeMalo for Mayor 2012	I.D. NUMBER 1334720	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER C. April Boiling, CPA	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY San Diego	STATE ZIP CODE CA 92119	AREA CODE/PHONE 888-254-5078	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE NAME NAME OF TREASURER	I.D. NUMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTROLLED COMMITTEE? <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
CITY NAME OF TREASURER	STATE ZIP CODE NAME OF TREASURER	AREA CODE/PHONE NAME OF TREASURER	OFFICE SOUGHT OR HELD <input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.			
<small>DISTRICT NO. IF ANY</small>			
<small>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</small>			
<small>Attach continuation sheets if necessary</small>			

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMaio

Contributions Received

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions	Schedule A, Line 3 \$ 0.00	\$ 3,650.00	1/1 through 6/30 7/1 to Date
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 32,000.00	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0.00	\$ 35,650.00	
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 0.00	\$ 35,650.00	

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 0.00	\$ 0.00	\$ 2,761.17
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0.00	\$ 0.00	\$ 2,761.17
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0.00	\$ 0.00	\$ 2,761.17

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,526.27	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ 0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 0.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,526.27	
	If this is a termination statement, Line 16 must be zero.	
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 32,000.00	

Cash Equivalents and Outstanding Debts

- See Line 2 + Line 9 in Column B above

PPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/282/3772)

CALIFORNIA FORM 460	
Statement covers period from <u>10/21/2012</u>	through <u>11/01/2012</u>
Page <u>3</u>	of <u>4</u>
I.D. NUMBER <u>1268914</u>	

**Schedule B – Part 1
Loans Received**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SCHEDULE B - PART 1
CALIFORNIA FORM
460**

Statement covers period
from 10/21/2012
through 11/01/2012

I.D. NUMBER

Reforming City Hall with Carl DeMaio

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (ENTER ID. NUMBER) (IF COMMITTEE ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Carl DeMaio 1825 High Mesa Court San Diego, CA 92127	Councilmember City of San Diego	\$ <u>32,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>3,000</u>	\$ <u>32,000.00</u>	0.000 % RATE	\$ <u>30,000.00</u>	\$ <u>0.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$ <u>32,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>3,000</u>	\$ <u>32,000.00</u>	0.000 % RATE	\$ <u>30,000.00</u>	\$ <u>0.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>32,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>3,000</u>	\$ <u>32,000.00</u>	0.000 % RATE	\$ <u>30,000.00</u>	\$ <u>0.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>32,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>3,000</u>	\$ <u>32,000.00</u>	0.000 % RATE	\$ <u>30,000.00</u>	\$ <u>0.00</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>32,000.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>3,000</u>	\$ <u>32,000.00</u>	0.000 % RATE	\$ <u>30,000.00</u>	\$ <u>0.00</u>
SUBTOTALS \$		\$ 0.00	\$ 0.00		\$ 32,000.00	\$ 0.00	\$ 32,000.00	\$ 0.00

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

(Enter (e) on
Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 11/02/2012

through 12/31/2012

Date of election if applicable:
(Month, Day, Year)

Page 1 of 9
For Official Use Only

E Filed
01/31/2013
10:49:43
Filing ID:
133453676

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Controlled
- Sponsored
- Recall
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reforming City Hall With Carl DeMaio
Refining City Hall With Carl DeMaio

Treasurer(s)

NAME OF TREASURER

C. April Boling
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(858) 217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-Annual Statement
- Special Odd-Year Report
- Termination Statement
(Also file a Form 410 Termination)
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Statement Details

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2013 Date 01/31/2013 By C. April Boling Signature of Treasurer or Assistant Treasurer

Executed on 01/31/2013 Date 01/31/2013 By Carl DeMaio Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____ By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

Executed on _____ Date _____ By _____ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772);
State of California,
www.netfile.com

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460
Page 2 of 9

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reforming City Hall With Carl DeMaio

SUMMARY PAGE
CALIFORNIA FORM 460

Statement covers period
from 11/02/2012
through 12/31/2012

Page 3 of 9
I.D. NUMBER
1268914

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>6,000.00</u>	\$ <u>9,650.00</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0.00</u>	\$ <u>32,000.30</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>Add Lines 1 + 2</u> \$ <u>6,000.00</u>	\$ <u>41,650.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>Add Lines 3 + 4</u> \$ <u>6,000.00</u>	\$ <u>41,650.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1,758.82</u>	\$ <u>4,519.99</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	<u>Add Lines 6 + 7</u> \$ <u>1,758.82</u>	\$ <u>4,519.99</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>400.26</u>	\$ <u>400.26</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	<u>Add Lines 8 + 9 + 10</u> \$ <u>2,159.08</u>	\$ <u>4,920.25</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>2,526.27</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above \$ <u>6,000.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above \$ <u>1,758.82</u>	
16. ENDING CASH BALANCE	<u>Add Lines 12 + 13 + 14, then subtract Line 15</u> \$ <u>6,767.45</u>	

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	Schedule B, Part 2 \$ <u>0.00</u>	
19. Outstanding Debts	<u>Add Line 2 + Line 9 in Column B above</u> \$ <u>32,400.26</u>	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule A Summary

- 1.1. Amount received this period – itemized monetary contributions
(Include all Schedule A subtotals.)**

1.2. Amount received this period – unitemized monetary contributions

**1.3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column**

6,000.00
0.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period
from 11/02/2012
through 12/31/2012

Page 5 of 9

Performing City Hall With Carl DeMico							I.D. NUMBER 1268914			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (ALSO ENTER ID NUMBER) (IF COMMITTEE, ALSO ENTER ID NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN* THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE PER ELECTION**	CALENDAR YEAR
Carl DeMico San Diego, CA 92127		County member City of San Diego	\$ 32,000.00	\$ 0.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	\$ 32,000.00	0.000 % RATE	\$ 50,000.00	\$ 6,000.00 PER ELECTION**	
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</td										

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reforming City Hall With Carl DeMaio

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF PAYEE (If COMMITTEE ALSO ENTER ID NUMBER)	CODE OR See Schedule C for payee reaching disclosure threshold.	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Card (Citibank) Des Moines, IA 50363	OFC		448.16
Katz Real Estate / Pete Katz San Diego, CA 92130	OFC		1,125.00
Statecraft Inc. La Jolla, CA 92037	OFC		150.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,723.16
2. Unitemized payments made this period of under \$100 \$ 35.66
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) \$ 1,758.82

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/255-3772)

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM		Page <u>7</u> of <u>5</u>
Statement covers period from <u>11/02/2012</u> through <u>12/31/2012</u>	I.D. NUMBER <u>-266914</u>	

Reforming City Hail With Carl DeMaio

CODES: If one of the following QMP campaign paraphernalia/misc.

campaign consultants contribution (explain nonmonetary)*

civic donations

Civic contributions candidate filing/hallot fees

Fundraising Events

સાહેબ નિષ્પત્તિ

Independent expenditure suits

legal defense encompasses litigation and mediation

campaign literature and mailings

卷之三

NAME AND ADDRESS

NAME AND ADDRESS
OF COMMITTEE ALSO ENT

AT&T Universal Card (Citibank)

* Payments that are contributions or independent expenditures must also be

Schedule E Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____ **848.42**

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____ **448.16**

3. Net change this period. (**Subtract Line 2 from Line 1.** Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____ **400.26**

Digitized by srujanika@gmail.com

EBBC Toll-Free Helpline: 866/ASK-EBBC (866/258-2222) FPPC Form 460 (January/05)

Schedule G **Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period	CALIFORNIA FORM 460
from	11/02/2012

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reforming City Hall With Carl DeMaio

AT&T Universal Card (Citibank)

CODES: If one of the following codes accurately describe your campaign paraphernalia/misc.
CMP campaign consultants
CNS contribution (explain nonmonetary)*
CTB civic donations
CVC candidate filing/ballot fees
FIL fundraising events
FND independent expenditure supporting/opposing others (explain)
LEG legal defense
LIT campaign literature and materials

* Documents that are contributions or independent appendices will also be summarized on Schedule D.

Attach additional information on appropriately labeled continuation sheets.

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as recorded on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free HelpLine: 866/ASK-FPPC (866/258-3772)

**Additional Comments
For Form 460**

**ADDITIONAL COMMENTS
CALIFORNIA FORM 460**

NAME OF FILER Reforming City Hall With Carl DeMaio	Page. <u>9</u> of <u>9</u>
I.D. NUMBER 1266914	

Reforming City Hall With Carl DeMaio is a candidate-controlled general purpose recipient committee. Current technology does not allow checking both the 'Officeholder, Candidate Controlled Committee' and 'General Purpose Committee' checkboxes on the Cover Page, Part I - Type of Recipient Committee.

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460					
Date Stamp	Page <u>1</u> of <u>38</u> For Official Use Only				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Statement covers period from <u>01/01/2013</u></td> <td style="padding: 5px;">Date of election if applicable: (Month, Day, Year)</td> </tr> <tr> <td style="padding: 5px;">through <u>06/30/2013</u></td> <td style="padding: 5px;"></td> </tr> </table>		Statement covers period from <u>01/01/2013</u>	Date of election if applicable: (Month, Day, Year)	through <u>06/30/2013</u>	
Statement covers period from <u>01/01/2013</u>	Date of election if applicable: (Month, Day, Year)				
through <u>06/30/2013</u>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; vertical-align: top;"> SEE INSTRUCTIONS ON REVERSE </td> <td style="padding: 5px; vertical-align: top;"> E-Filled 07/22/2013 11:57:25 Filing ID: 144539235 </td> </tr> </table>		SEE INSTRUCTIONS ON REVERSE	E-Filled 07/22/2013 11:57:25 Filing ID: 144539235		
SEE INSTRUCTIONS ON REVERSE	E-Filled 07/22/2013 11:57:25 Filing ID: 144539235				

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- Sponsored
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee

3. Committee Information

I.D. NUMBER

1268914

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Reform San Diego

OPTIONAL: FAX / E-MAIL ADDRESS

april@aprilboling.com

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92119	(858) 217-6112

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

april@aprilboling.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/19/2013 Date

By C. April Boling Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 38

5. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE ZIP
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.			
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	
COMMITTEE ADDRESS	STATE	ZIP CODE	
CITY			
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	
COMMITTEE ADDRESS	STATE	ZIP CODE	
CITY			
<i>Attach continuation sheets if necessary</i>			

FPPC Form 460 (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

SUMMARY PAGE

CALIFORNIA 460

FORM

Statement covers period
from <u>01/01/2013</u>
through <u>06/30/2013</u>

Page 3

of 38

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	Schedule A, Line 3	\$ <u>32,954.00</u>	\$ <u>32,954.00</u>	1/1 through <u>6/30</u> 7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>-13,392.94</u>	\$ <u>18,607.06</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>19,561.06</u>	\$ <u>51,561.06</u>	
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>1,876.19</u>	\$ <u>1,876.19</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>21,437.25</u>	\$ <u>53,437.25</u>	
Expenditures Made				
6. Payments Made	Schedule E, Line 4	\$ <u>26,396.42</u>	\$ <u>26,396.42</u>	
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>26,396.42</u>	\$ <u>26,396.42</u>	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>-400.26</u>	\$ <u>0.00</u>	
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>1,876.19</u>	\$ <u>1,876.19</u>	Date of Election (mm/dd/yy)
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>27,872.35</u>	\$ <u>28,272.61</u>	Total to Date
Current Cash Statement				
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>6,767.45</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	
13. Cash Receipts	Column A, Line 3 above	\$ <u>19,561.06</u>		
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>567.91</u>	*Amounts in this section may be different from amounts reported in Column B.	
15. Cash Payments	Column A, Line 8 above	\$ <u>26,396.42</u>		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>500.00</u>		
If this is a termination statement, Line 16 must be zero.				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>		
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>		
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>18,607.06</u>	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866ASKFPPC (866273753772)	

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Reform San Diego

STATEMENT COVERS PERIOD		CALIFORNIA FORM 460	
from	01/01/2013	through	05/30/2013
		Page	4 of 38
		I.D. NUMBER	1268314

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee; also enter I.D. number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (If required)
01/29/2013	Administrative Services of SD LLC San Diego, CA 92110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	
02/15/2013	Jean Anderson Poway, CA 92064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	1,000.00	1,000.00	
03/18/2013	Lisa M. Arnacost San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Client Relationship Manager UBS	200.00	200.00	
03/23/2013	Ganda C. Arnold San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	100.00	
03/31/2013	AVRP Studios San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
				SUBTOTAL \$	1,700.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 31,044.00
2. Amount received this period – unitIALIZED monetary contributions of less than \$100 \$ 1,910.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 32,954.00**

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>	Page <u>5</u> of <u>38</u>
		I.D. NUMBER	
Reform San Diego		1268914	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
01/29/2013	Shirley J. Bard San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications Operations Project Hope
03/25/2013	Shirley J. Bard San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communications Operations Project Hope
03/23/2013	Rusti Bartell La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hotel Partner Battell Hotels
03/23/2013	Robert J. Baumer San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Law Office of Robert J Baumer
02/05/2013	Larry N. Bby San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.
SUBTOTAL \$		1,300.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

		Statement covers period from <u>01/01/2013</u>	CALIFORNIA FORM 460
		through <u>06/30/2013</u>	Page <u>6</u> of <u>38</u>
NAME OF FILER			
Reform San Diego			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER NAME (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
03/23/2013	Gabrielle M. Benjamin San Diego, CA 92117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Assoc-Owner RE/MAX
03/22/2013	James C. Bernet Valley Center, CA 92082	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales San Diego BCA
01/29/2013	JD Bois San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor JD Bois & Associates
03/06/2013	Craig S. Brown San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Rancho Financial
03/23/2013	Ben Cagle San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.
			SUBTOTAL \$ <u>2,950.00</u>

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

**CALIFORNIA
 FORM
 460**

SCHEDULE A (CONT.)

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reform San Diego						
DATE RECEIVED						
03/23/2013	Sharlynne Cairncross San Diego, CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Self-Sharlynne Cairncross	100.00	100.00	
03/22/2013	California Commercial Asphalt LLC Poway, CA 92064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
03/23/2013	Carlin Law Group APC San Diego, CA 92116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
03/23/2013	Don H. Caton Jr. San Diego, CA 92123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	500.00	500.00	
04/02/2013	Paul Chacon San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parking Mgmt AMB	150.00	150.00	
				SUBTOTAL \$	2,750.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 01/01/2013
 through 06/30/2013

Page 8 of 38

I.D. NUMBER

1268914

NAME OF FILER									
ReForm San Diego									
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)			
04/07/2013	Ruth S. Chambers Dallas, TX 75214	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investments / Partner Self - Alton Mgmt Corp	250.30	250.30	250.00			
03/28/2013	Scott Chapman San Diego, CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Designer/CEO Design Synthesis	500.00	500.00	500.00			
03/23/2013	Linda L. Cocking San Diego, CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	100.00	100.00			
03/22/2013	Teri E. Denlinger San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RE Broker Self-Terri E Denlinger	100.00	100.00	100.00			
03/21/2013	Martin Fenton Solana Beach, CA 92075	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Senior Resource Group	500.00	500.00	500.00			
							SUBTOTAL \$	1,450.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>	CALIFORNIA FORM 460	Page <u>9</u> of <u>38</u>		
		I.D. NUMBER	1268914			
Reform San Diego						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2013	William A. Flores San Diego, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	200.00	
03/23/2013	William A. Flores San Diego, CA 92114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	200.00	
01/29/2013	Jeannie Foulkrod San Diego, CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Intuit	100.00	100.00	
01/29/2013	Harry Friedman San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Symcoat Metal Processing Inc.	200.00	400.00	
03/23/2013	Harry Friedman San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO Symcoat Metal Processing Inc.	200.00	400.00	
			SUBTOTAL \$	700.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER	Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>
---------------	--

Reform San Diego	Page <u>10</u> of <u>38</u>
DATE RECEIVED	I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
02/07/2013	Scott D. Frudden San Diego, CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance McMillin	250.00	250.00	250.00
01/28/2013	General Coatings Corp San Diego, CA 92121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00
01/25/2013	Ian Gill San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Contractor Highland Partnership Inc.	1,000.00	1,000.00	1,000.00
01/29/2013	Golden State Consultants San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
01/29/2013	Harold Graffron San Diego, CA 92116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Cement Cutting Inc.	100.00	100.00	100.00
				SUBTOTAL \$	1,600.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

Statement covers period from <u>01/01/2013</u>	through <u>C6/30/2013</u>	Page <u>11</u> of <u>38</u>
---	---------------------------	-----------------------------

NAME OF FILER							I.D. NUMBER
Reform San Diego							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
03/19/2013	Kevin Hancock Chula Vista, CA 91914	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Self - Kevin Hancock	250.00		250.00	
03/23/2013	Evelyn F. Heidelberg San Diego, CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Procopio	100.00		100.00	
01/29/2013	Pamela D. Hendrickson Spring Valley, CA 91978	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00		100.00	
01/29/2013	Andrew Hollingsworth San Diego, CA 92105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Credit Union Executive USE Credit Union	99.00		198.00	
03/27/2013	Andrew Hollingsworth San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Credit Union Executive USE Credit Union	99.00		198.00	
				SUBTOTAL \$	648.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

NAME OF FILER	Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>
REFORM SAN DIEGO	Page <u>12</u> of <u>36</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/28/2013	Olin Hyde San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Development Ai-One Inc.	25.00	25.00	125.00
03/12/2013	Olin Hyde San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Development Ai-One Inc.	100.00	100.00	125.00
01/22/2013	William Jansen San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer Makago Electronics Inc.	100.00	100.00	100.00
01/29/2013	JH Campaijns San Diego, CA 92119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
01/28/2013	Niles Johnson San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer General Atomics	50.00	50.00	150.00
				Subtotal \$	375.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>05/30/2013</u>	California Form 460	Page <u>13</u> of <u>38</u>	ID NUMBER <u>12 68914</u>	
Reform San Diego						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/22/2013	Niles Johanson San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer General Atomics	100.00		150.00
03/22/2013	Mike Katin San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sr Financial Analyst LPL Financial	100.00		100.00
01/24/2013	William Kellogg La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Resort Manager La Jolla Beach & Tennis Club	100.00		100.00
01/29/2013	Helmut Kiffmann San Diego, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor Kiffmann Properties Inc.	500.00		500.00
03/23/2013	Liberty Launch Inc Orange, CA 92865	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		1,000.00
			SUBTOTAL \$	1,800.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>		Page <u>14</u> of <u>38</u>	
Reform San Diego				I.D. NUMBER <u>1268914</u>	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/28/2013	Perry Lieberman San Diego, CA 92124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer n/a	100.00	100.00	100.00
03/18/2013	Robert W. Loewer Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Gibson Dunn & Crutcher	250.00		250.00
01/23/2013	Don Maesche La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00		350.00
03/23/2013	Don Maesche La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	250.00		350.00
03/13/2013	Joan Maltese San Diego, CA 92109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed N.A.	100.00	100.00	100.00
				SUBTOTAL \$	800.00	

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g. business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER		from <u>01/01/2013</u>	through <u>06/20/2013</u>	Page <u>15</u> of <u>38</u>
Re form San Diego		I.D. NUMBER 1268914		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD
03/23/2013	Richard M. Mastaler San Diego, CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Managed Health Ventures Inc.	100.00
01/29/2013	William R. Moody San Diego, CA 92130	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self - William R Moody	100.00
03/23/2013	Jerome V. Navarra San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Jerome's Furniture	1,030.00
01/29/2013	Bruce Neapole La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant BCN Consulting	100.00
03/23/2013	Maryanne C. Nicosia San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director CDM Neurocrine	200.00
SUBTOTAL \$			1,500.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM
460

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
ReForm San Diego							I.D. NUMBER 1268914
03/23/2013	Joseph S. O'Keefe San Diego, CA 92108		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor: Rejok Inc Real Estate	500.00	500.00	
03/27/2013	Jane A. Ottenstein Rancho Santa Fe, CA 92067		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President: Ottenstein Foundation	500.00	500.00	
02/13/2013	Pacific Properties Service San Diego, CA 92121		<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,300.00	1,300.00	
03/23/2013	Joanne M. Pastula San Diego, CA 92103		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President & CEO: Junior Achievement	200.00	200.00	
03/29/2013	Brent Perkins San Diego, CA 92122		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator: U.S. Immigration Court	250.00	350.00	
					SUBTOTAL \$	2,450.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (8662875-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

NAME OF FILER	Statement covers period from <u>01/01/2013</u>	Statement covers period through <u>06/30/2013</u>	Page <u>17</u> of <u>38</u>
---------------	---	--	-----------------------------

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Re form San Diego							I.D. NUMBER <u>1268914</u>
03/23/2013	Brent Perkins	San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator U.S. Immigration Court	100.00	350.00	
03/26/2013	Phil's 38Q	San Diego, CA 92110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
02/15/2013	Mario Picconi	San Diego, CA 92126	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor University of San Diego	100.00	100.00	
01/24/2013	Mel Birney	San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	25.00	125.00	
03/12/2013	Mel Birney	San Diego, CA 92122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	125.00	
					SUBTOTAL \$	1,325.00	

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>	Page <u>18</u> of <u>38</u>
Reform San Diego		I.D. NUMBER 1.268914	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/29/2013	David Porreca San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Scientist Self - David Porreca	100.00	100.00	
01/24/2013	James S. Quinn La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor American Property Enterprises	500.00	500.00	
01/29/2013	Thomas B. Reeve Jr. San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	100.00	
02/11/2013	Revolve's Inc. San Diego, CA 92119	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
01/29/2013	Diane Rider San Diego, CA 92131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	95.00	195.00	

SUBTOTAL \$

1,299.00

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460
FORM

Statement covers period
 from 01/01/2013
 through 06/30/2013

Page 19 of 39

NAME OF FILER

Reform San Diego		DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2013	Diane Rider San Diego, CA 92131			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	99.00	99.00	198.00
01/29/2013	Richard Rider San Diego, CA 92131			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	99.00	99.00	198.00
03/23/2013	Richard Rider San Diego, CA 92131			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	99.00	99.00	198.00
01/29/2013	Steven B. Rider San Diego, CA 92131			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Aster Group	1,000.00	1,000.00	1,000.00
03/23/2013	John P. Riordan San Diego, CA 92127			<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Dream Design Builders	100.00	100.00	100.00
SUBTOTAL \$						1,397.00		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business, entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (8667275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA 460

Statement covers period from <u>01/01/2013</u>	through <u>06/30/2013</u>	Page <u>20</u> of <u>38</u>
---	---------------------------	-----------------------------

NAME OF FILER	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Refcom San Diego						
01/29/2013	Philip G. Rosenberg San Diego, CA 92139	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Scripps	100.00	100.00	100.00
01/29/2013	Paul Ruchlewicz San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Pacific West Realty	250.00	250.00	250.00
03/23/2013	Mark P. Schaefer San Diego, CA 92111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appraisal Analyst NVS	100.00	100.00	100.00
01/29/2013	Justin P. Schlaefli El Cajon, CA 92021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer Urban Systems Assoc	200.00	200.00	200.00
02/15/2013	Shea Realty San Diego, CA 92128	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
				Subtotal \$	900.00	

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>05/30/2013</u>	Page <u>21</u> of <u>38</u>
		I.D. NUMBER	
Reform San Diego		1268914	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
01/29/2013	Susan M. Shea San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Kevin Paisson Insurance Agency
02/15/2013	Shemran Inc dba Barons San Diego, CA 92110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
05/05/2013	Sherman Inc. dba Barons San Diego, CA 92110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
05/23/2013	Daniel Shirley San Diego, CA 92119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Technology COF Leader Balfour Beatty Construction
05/27/2013	David J. Snodgrass San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Wintercrest Corporation
			SUBTOTAL \$ <u>1,200.00</u>

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER		Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>	Page <u>22</u> of <u>38</u>	I.D. NUMBER <u>1268914</u>			
Reform San Diego	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	03/23/2013	Matt Stockton San Diego, CA 92128	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IT Tech EnPointe Technology	100.00	100.00	100.00
	03/23/2013	John T. Staw San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council Representative City of San Diego	100.00	100.00	100.00
	03/27/2013	Hans Strom San Diego, CA 92101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Serom Commercial	100.00	100.00	100.00
	03/15/2013	Colton T. Sudberry San Diego, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Sudberry Properties Inc.	1,000.00	1,000.00	1,000.00
	03/15/2013	Thomas W. Sudberry Jr. San Diego, CA 92121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Sudberry Properties Inc.	500.00	500.00	500.00
				SUBTOTAL \$	1,800.00		

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g. business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>		Page <u>23</u> of <u>38</u>	
NAME OF FILER	I.D. NUMBER	PER ELECTION TO DATE (IF REQUIRED)	
Reform San Diego	1268914	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
		AMOUNT RECEIVED THIS PERIOD	200.00
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
01/29/2013	TC Construction Company Inc. Sanctee, CA 92071	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
02/15/2013	Edward M. Tessier National City, CA 91950	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer / Attorney Microwave Solutions Inc
03/23/2013	Donna Thompson Fallbrook, CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Director - Raadron State of California
01/23/2013	Fred Totah Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor Self - Fred Totah
02/19/2013	Thomas A. Valley Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner CRI Lighting Sales Inc.
SUBTOTAL\$ <u>2,400.00</u>			

*Contributor Codes
IND – Individual
COM – Recipient Co other than
OTH – Other (e.g.,
PTY – Political Party
SCC – Small Contrib

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-53772)

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Monetary Contributions Received		Amounts may be rounded to whole dollars.					
		CALIFORNIA FORM					
Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>		Page <u>24</u> of <u>38</u>					
		I.D. NUMBER <u>1268914</u>					
NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Reform San Diego	03/23/2013	Thomas A. Valley Del Mar, CA 92014	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner CRI Lighting Sales Inc.	500.00	1,500.00	
	01/29/2013	Wasikah Whelan San Diego, CA 92106	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	100.00	
	05/05/2013	Carol B. Wilson San Diego, CA 92103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N.A.	100.00	100.00	
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
			<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		</					

des

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/257-5377)

Schedule B – Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period
from 01/01/2013

through 06/30/2013

Page 25 **of** 38

Reform San Diego

**FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER
(If Committee, also enter I.D. number)**

**Carri DeMaio
San Diego, CA 92127**

**CEO
Performance Research
Group**

**IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(If self-employed enter
name of business)**

**CEO
Performance Research
Group**

**OUTSTANDING
BALANCE AT
BEGINNING THIS
PERIOD**

**CEO
Performance Research
Group**

**AMOUNT
RECEIVED THIS
PERIOD***

**CEO
Performance Research
Group**

**AMOUNT PAID
OR FORGIVEN
THIS PERIOD***

**CEO
Performance Research
Group**

**OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD**

**CEO
Performance Research
Group**

**INTEREST
PAID THIS
PERIOD**

**CEO
Performance Research
Group**

**ORIGINAL
AMOUNT OF
LOAN**

**CEO
Performance Research
Group**

**CUMULATIVE
CONTRIBUTIONS
TO DATE**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

**CEO
Performance Research
Group**

CALENDAR YEAR

**CEO
Performance Research
Group**

PER ELECTION**

www.netfile.com

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B Summary

1. Loans received this period \$ 500.00
2. Loans paid or forgiven this period \$ 13,892.94
(Total Column (b) plus unitemized loans of less than \$100.)
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract Line 2 from Line 1.**) **NET** \$ -13,392.94
(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM						Page <u>26</u> of <u>38</u>	
Statement covers period from <u>01/01/2013</u> through <u>06/30/2013</u>			I.D. NUMBER <u>1268914</u>				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							
Nonmonetary Contributions Received							
Amounts may be rounded to whole dollars.							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/23/2013	Carl Demario San Diego, CA 92127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Performance Research Group	Hosted fundraiser	376.19	876.19	
01/29/2013	Fifty Seven Degrees Inc. San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food and venue for event	1,500.00	1,500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PT					

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions
(Include all Schedule C subtotals.)
 2. Amount received this period – unitemized nonmonetary contribution
 3. Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column

*Contributor Codes	
IND – Individual	
COM – Recipient Committee	
(other than PTY or SCC)	
OTH – Other (e.g., business entity)	
PTY – Political Party	
SCC – Small Contributor Committee	

FPPC Form 9460 (January/05)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/258-3772)

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period

2/1/2000

**SEE INSTRUCTIONS ON REVERSE
NAME OF ETC EB**

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 1,750.00
2. Unitemized contributions and independent expenditures made this period of under \$100
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ 1,750.00

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QNP	campaign paraphernalia/misc.
QNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
RND	fundraising events
ND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF PAYEE (if committee also enter ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle International Inc. Washington, DC 20003	OFC			468.74
Aristotle International Inc. Washington, DC 20003	OFC			51.38
Aristotle International Inc. Washington, DC 20003	OFC			105.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 26,201.48
2. Unitemized payments made this period of under \$100 \$ 194.94
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) 26,396.42

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (8662275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

SCHEDULE E (CONT.)

CALIFORNIA FORM	
460	
Statement covers period from <u>01/01/2013</u>	through <u>06/30/2013</u>
	Page <u>29</u> of <u>38</u>
I.D. NUMBER <u>1268314</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMF	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CRB	contribution (explain nonmonetary)*	OFC	office expenses
CIV	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	QTY	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aristotle International Inc. Washington, DC 20003	OFC			360.69
Aristotle International Inc. Washington, DC 20003	OFC			75.00
Aristotle International Inc. Washington, DC 20003	OFC			11.25
AT&T Universal Card (Citibank) Des Moines, IA 50363			See Schedule G for payees reaching disclosure threshold	609.29
AT&T Universal Card (Citibank) Des Moines, IA 50363			See Schedule G for payees reaching disclosure threshold	28.62
				SUBTOTAL \$ 1,084.85

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

SCHEDULE E (CONT.)

CALIFORNIA FORM 460

Statement covers period
from <u>01/01/2013</u>
through <u>06/30/2013</u>
Page <u>30</u> of <u>38</u>

I.D. NUMBER
<u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTC	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary*)	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TE	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

AT&T Universal Card (Citibank)
Des Moines, IA 50363

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR See Schedule G for payees reaching disclosure threshold.	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Universal Card (Citibank) Des Moines, IA 50363	PRO		2,543.42

C. April Boling San Diego, CA 92119	PRO		250.00
--	-----	--	--------

C. April Boling San Diego, CA 92119	PRO		250.00
--	-----	--	--------

C. April Boling San Diego, CA 92119	PRO		250.00
--	-----	--	--------

SUBTOTAL \$	3,543.42
--------------------	-----------------

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/2275-3722)

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Reform San Diego

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

460

Statement covers period from <u>01/01/2013</u>	through <u>06/30/2013</u>	Page <u>31</u> of <u>38</u>
		ID. NUMBER <u>1268914</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.			
QWP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs	
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTR contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	
CVC civic donations	PET petition circulating	TB tv. or cable airtime and production costs	
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals	
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals	
LEG independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor	
PRT legal defense	PRO professional services (legal, accounting)	VOT voter registration	
UT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)	

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C. April Boling San Diego, CA 92119	PRO			250.00
Competitive Edge Research & Communication Inc. San Diego, CA 92101	POL			7,500.00
Katz Real Estate / Pete Katz San Diego, CA 92130	OFC			1,125.00
Katz Real Estate / Pete Katz San Diego, CA 92130	OFC			520.97
Katz Real Estate / Pete Katz San Diego, CA 92130	OFC			561.67
				SUBTOTAL \$ 9,957.64

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

O&P	campaign paraphernalia/misc.	MER	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OPC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRR	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Katz Real Estate / Pete Katz San Diego, CA 92130	QFC			240.45
Diane Peabody San Diego, CA 92104	CNS			1,500.00
Diane Peabody San Diego, CA 92104	CNS			1,500.00
Diane Peabody San Diego, CA 92104	"	CNS		1,500.00
Diane Peabody San Diego, CA 92104	CNS			1,500.00
				SUBTOTAL \$ 6,240.45

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SEE INSTRUCTIONS ON REVERSE
NAME OF FILER**

Reform San Diego

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	campaign (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

**NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

Diane Peabody
San Diego, CA 92104

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR I.D. NUMBER	DESCRIPTION OF PAYMENT	AMOUNT PAID
Diane Peabody San Diego, CA 92104	CNS		1,500.00
Republican Party of San Diego County ID# 741949 San Diego, CA 92119	CTB		1,000.00
The Lincoln Club of San Diego County ID# 831561 San Diego, CA 92119	CTB		750.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$	4,750.00
	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866ASK-FPPC (866/275-3772)

**Schedule F
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F ACCRUED EXPENSES (UNPAID BILLS)		CALIFORNIA FORM 460	
<p>Type or print in ink. Amounts may be rounded to whole dollars.</p> <p><u>SEE INSTRUCTIONS ON REVERSE</u></p> <p>NAME OF FILER Reform San Diego</p>		<p>Statement covers period from <u>01/01/2013</u> through <u>05/30/2013</u></p>	<p>Page <u>34</u> of <u>38</u></p> <p>I.D. NUMBER 1268014</p>

CNS	campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB	contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC	civic donations	FET petition circulating	TEL t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND	fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT	campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)		(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Art Universal Card (Citibank) Des Moines, IA 50363		400.26	3,181.33
Various credit card purchases. See Schedule G for Credit Card Payee meeting threshold.		2,781.07	0.00

- Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- | | |
|---|------------------------------------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | INCURRED TOTALS \$ <u>2,781.07</u> |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS \$ <u>3,181.33</u> |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ <u>-400.26</u> |

ପ୍ରକାଶକ ମହିନେ

FPPC Form 460 (January/05)

PPC toll-free Helpline: 866/ASK-PPC (866/255-3772)

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SCHEDULE G
CALIFORNIA FORM
460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re form: San Diego

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AT&T Universal Card (Citibank)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QWP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LT	campaign literature and mailings

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR WEB	DESCRIPTION OF PAYMENT	AMOUNT PAID
Constant Contact Waltham, MA 02451	WEB		150.00
Constant Contact Waltham, MA 02451	WEB		150.00
Constant Contact Waltham, MA 02451	WEB		150.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866ASK-FPPC (8662875-3772)

**Schedule G (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

ReForm San Diego

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AT&T Universal Card (Citibank)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CAP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fifty Seven Degrees San Diego, CA 92101	END			1,280.00
Sprint Wireless Overland Park, KS 66251	OFC			129.71
Staples San Diego, CA 92110	OFC			167.38
Vroman Systems Inc. Downers Grove, IL 60515	WEB			199.95
				TOTAL* \$ 1,777.04

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE I

460

CALIFORNIA FORM

Statement covers period
 from 01/01/2013

through 06/30/2013

Page 37 of 38

**SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER**

ReForm San Diego

I.D. NUMBER

1268914

**AMOUNT OF
 INCREASE TO CASH**

DESCRIPTION OF RECEIPT

Refund

**FULL NAME AND ADDRESS OF SOURCE
 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)**

Karz Real Estate / Pete Katz
 San Diego, CA 92130

DATE
 RECEIVED

05/23/2013

SUBTOTAL \$

567.91

TOTAL \$

567.91

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 567.91
2. Unitemized increases to cash of under \$100 this period. \$ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 567.91**

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Additional Comments
For Form 460**

ADDITIONAL COMMENTS

**CALIFORNIA
FORM
460**

NAME OF FILER	Page <u>38</u> of <u>38</u>
Reform San Diego	I.D. NUMBER 1268914

Doug Austin is the source of this contribution, therefore calendar year amounts have been aggregated.